SB 95 - AS INTRODUCED

2023 SESSION

23-1026
10/05

SENATE BILL ***95***

AN ACT relative to medical loss reporting by dental benefits providers.

SPONSORS: Sen. Pearl, Dist 17; Sen. Gannon, Dist 23; Sen. Watters, Dist 4; Sen. Bradley, Dist 3; Sen. Soucy, Dist 18; Sen. Rosenwald, Dist 13; Sen. Carson, Dist 14; Sen. Lang, Dist 2; Sen. Ricciardi, Dist 9; Rep. C. McGuire, Merr. 27; Rep. Edwards, Rock. 31; Rep. Moffett, Merr. 4

COMMITTEE: Health and Human Services

ANALYSIS

This bill expands New Hampshire's laws regarding requirements for the submission and filing of individual health insurance rates to include dental benefits.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

23-1026
10/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to medical loss reporting by dental benefits providers.

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

1 Portability, Availability and Renewability of Health Coverage; Definitions. Amend RSA 420-G:2, I and I-a to read as follows:

I. "Actuarial certification" means a written statement by a member of the American Academy of Actuaries or other individual acceptable to the commissioner that a small employer health ***or dental benefits*** carrier is in compliance with the provisions of and the rules adopted by the commissioner, based upon the person's examination, including a review of the appropriate records and of the actuarial assumptions and methods used by the small employer health ***or dental benefits*** carrier in establishing premium rates for applicable health benefit plans.

I-a. "Case characteristics" means demographic or other relevant characteristics of a small employer group that may be considered by the health ***or dental benefits*** carrier in the determination of premium rates for that group.

2 Portability, Availability, and Renewability of Health Coverage; Definitions. Amend RSA 420-G:2, VII through XI to read as follows:

VII. "Exclusion period" means the length of time that must expire before a health ***or dental benefits*** carrier will cover medical treatment expense relating to a preexisting condition.

VIII. "Health ***or dental benefits*** carrier" means any entity subject to the insurance laws and rules of this state, or subject to the jurisdiction of the commissioner, that contracts or offers to provide, deliver, arrange for, pay for or reimburse any of the costs of health ***or dental benefits*** services; including an insurance company, a health maintenance organization, a nonprofit health ***or dental benefits*** services corporation, or any other entity providing health coverage.

IX. "Health ***or dental*** coverage" means any hospital***, dental*** or medical expense incurred policy or certificate, nonprofit health services corporation subscriber contract, or health maintenance organization subscriber contract and any other health insurance plan or health benefit plan. For the purposes of this chapter, health ***or dental*** coverage does not include:

(a) Accident-only or disability income insurance.

(b) Coverage issued as a supplement to liability insurance.

(c) Liability insurance, including general liability insurance and automobile liability insurance.

(d) Workers' compensation or similar insurance.

(e) Automobile medical-payment insurance.

(f) Credit only insurance.

(g) Coverage for on-site medical clinics.

(h) Short-term, individual, nonrenewable medical, hospital, or major medical policies.

(i) Other similar insurance coverage, specified in rules, under which benefits for medical care are secondary or incidental to other insurance benefits.

(j) If offered separately:

(1) Limited scope [~~dental or~~] vision benefits.

(2) Long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(3) Prescription drug benefits.

(4) Other similar, limited benefits as are specified in rules.

(k) If offered as independent, noncoordinated benefits:

(1) Specified disease or illness benefits.

(2) Hospital or surgical indemnity benefits.

(l) If offered as a separate insurance policy, Medicare supplemental health insurance, coverage supplemental to the coverage provided under chapter 55 of Title 10, United States Code, and similar supplemental coverage as specified in regulations.

IX-a. "Health ***or dental*** coverage plan rate" means a rate that is uniquely determined for each of the coverages or [~~health~~] benefit plans a health ***or dental benefits*** carrier writes and that is derived from the market rate through the application of plan factors that reflect actuarially demonstrated differences in expected utilization and health care costs attributable to differences in the coverage design and/or the provider contracts that support the coverage and by including provisions for administrative costs and loads. The health ***or dental*** coverage plan rate is periodically adjusted to reflect expected changes in the market rate, utilization, health care costs, administrative costs, and loads.

X. "Individual" means a person who is not eligible for health ***or dental*** coverage through employment and that person's dependents.

XI. "Individual health coverage" means health ***or dental benefits*** coverage issued by a health carrier directly to an individual and not on a group or group remittance basis. For the purposes of this chapter, franchise insurance, as defined in RSA 415:19, shall be considered individual health coverage.

3 Portability, Availability, and Renewability of Health Coverage; Definitions. Amend RSA 420-G:2, XII-b and XII-c to read as follows:

XII-b. "Loss ratio" means the ratio between the amount of premium received and the amount of claims paid by the health ***or dental benefits*** carrier under the group insurance contract or policy.

XII-c. "Market rate" means a single rate reflecting the carrier's average cost of actual or anticipated claims for all health ***or dental*** coverages or health ***or dental*** benefit plans the carrier

writes and maintains in a market, including the nongroup individual health insurance market and, separately, the small employer group health insurance market, and which is periodically adjusted by the carrier to reflect changes in actual or anticipated claims.

4 Portability, Availability, and Renewability of Health Coverage; Definitions. Amend RSA 420-G:2, XV and XV-a to read as follows:

XV. "Qualified association trust or other entity" means an association established trust or other entity in existence on January 1, 1995, and providing health ***or dental*** coverage within the state of New Hampshire to at least 250 employees and/or the dependents of association members, which association:

(a) Was established and maintained for a primary purpose other than the provision of health coverage;

(b) Was in existence for at least 10 years prior to January 1, 1995; and

(c) Conducts regular meetings within the state of New Hampshire designed to further the interests of its members, and all members shall be given notice of such meetings at least 30 days prior to the date of any meeting.

XV-a. "Rating period" means the time period for which the premium rate charged by a health ***or dental benefits*** carrier to an individual or a small employer for a health benefit plan is in effect.

5 New Paragraph; Portability, Availability, and Renewability of Health Coverage; Rulemaking Authority. Amend RSA 420-G:14 by inserting after paragraph II the following new paragraph:

III. No later than 30 days after the effective date of this paragraph, the commissioner shall adopt rules under RSA 541-A which expand medical loss reporting requirements, and the requirements for the submission and filing of individual health insurance rates to include both health and dental benefits providers.

6 Department Rules. Within 60 days after the effective date of this act, the insurance department shall begin rulemaking under RSA 541-A to revise and update the department's rules, Ins 4100 et seq to incorporate changes to the law made by this act.

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