

SB 121 - AS AMENDED BY THE SENATE

01/05/2022 2217s

2021 SESSION

21-0960

10/08

SENATE BILL **121**

AN ACT relative to a state-based health exchange.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Bradley, Dist 3; Sen. Sherman, Dist 24; Rep. Marsh, Carr. 8; Rep. Bartlett, Merr. 19; Rep. Weber, Ches. 1; Rep. Hunt, Ches. 11

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill requires the insurance department to examine the implementation of a state-based health exchange and implement such an exchange upon approval of the governor, the oversight committee on health and human services, and the fiscal committee.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

AN ACT relative to a state-based health exchange.

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

1 1 New Section; Federal Health Care Reform; Health Exchange. Amend RSA 420-N by inserting
2 after section 10 the following new section:

3 420-N:11 Implementation of State-Based Exchange.

4 I. Notwithstanding the provisions of RSA 420-N:7, the insurance department is authorized
5 to examine the potential benefits of implementing a state-based exchange, including potential
6 strengthening of state control over health insurance reform, potential health policy benefits, and
7 potential economic benefits to the individual and group health insurance markets. If, in the
8 department's opinion, implementation of a state-based exchange would strengthen state control and
9 provide significant health policy benefits and economic benefits, the department may implement a
10 state-based exchange upon approval of the governor, the oversight committee on health and human
11 services established in RSA 126-A:13, and the fiscal committee of the general court. Any contract
12 with a state-based health exchange shall be approved by the governor and council.

13 II. Any decision by the commissioner to recommend that the state participate in a state-
14 based exchange or contract with a private entity to do so shall be based on the potential for:

15 (a) Strengthened state control over health insurance reform.

16 (b) Economic benefits to the individual and group health insurance markets.

17 (c) Improved access to data for health policy decisions, including data regarding
18 demographics and enrollee benefit / plan design preferences.

19 (d) Ease of use by stakeholders.

20 (e) Reliability of the state-based exchange, including integration with any federal or
21 state Medicaid systems.

22 (f) Potential health policy benefits.

23 (g) Cost savings and the potential for changes over time.

24 2 Effective Date. This act shall take effect upon passage.