

SB 548-FN - AS INTRODUCED

2026 SESSION

26-2132

05/06

SENATE BILL        ***548-FN***

AN ACT            relative to health carrier provider contract standards.

SPONSORS:        Sen. Rosenwald, Dist 13; Sen. Avard, Dist 12; Sen. Fenton, Dist 10; Sen. McGough, Dist 11; Rep. Miles, Hills. 12; Rep. Burroughs, Carr. 2; Rep. Telerski, Hills. 11; Rep. Nagel, Belk. 6; Rep. Spier, Hills. 6

COMMITTEE:      Health and Human Services

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ANALYSIS

This bill provides that, when termination of a contract between a health carrier and provider will affect 1,000 or more covered persons, the insurance commissioner will hold a hearing for the purpose of considering how the contract termination will affect access to care in the community.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty-Six*

AN ACT relative to health carrier provider contract standards.

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

1           1 New Section; Managed Care Law; Public Hearing Regarding Termination of Provider  
2 Contract; When Required. Amend RSA 420-J by inserting after section 7-e the following new  
3 section:

4           420-J:7-f Public Hearing Regarding Termination of Provider Contract; When Required. The  
5 commissioner shall hold a public hearing within 15 business days of receiving notice that an insurer  
6 intends to terminate a contract with a provider that will affect 1,000 or more covered persons. The  
7 purpose of the hearing shall be to solicit information and testimony from the insurer, provider, and  
8 other affected parties, including members of the public, regarding the contract termination. The  
9 hearing may include testimony regarding how the contract termination will affect the community's  
10 access to quality and affordable physical and mental health care services.

11           2 Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8, XI to read as follows:

12           XI. Every contract entered into after July 1, 2003 between a health carrier and any  
13 physician or facility shall contain a provision that ensures that covered persons will have continued  
14 access to the provider in the event that the contract is terminated for any reason other than  
15 unprofessional behavior. The continued access to providers shall be made available for 60 days from  
16 the date of termination of the contract and shall be provided and paid for in accordance with the  
17 terms and conditions of the covered person's health benefit plan and the prior contract between a  
18 health carrier and a health care provider. Within 5 business days of the contract termination, the  
19 health carrier ***and affected provider*** shall provide ***a joint*** written notice to affected covered  
20 persons explaining their continued access rights ***and provide notice that a public hearing***  
21 ***concerning the termination will be scheduled by the insurance commissioner pursuant to***  
22 ***RSA 400-J:7-f.***

23           3 Effective Date. This act shall take effect 60 days after its passage.

**SB 548-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT relative to health carrier provider contract standards.

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

<b>Estimated State Impact</b>				
	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
<b>Revenue</b>	\$0	Indeterminable Increase (Estimate not provided by the Department)	Indeterminable Increase (Estimate not provided by the Department)	Indeterminable Increase (Estimate not provided by the Department)
<i>Revenue Fund(s)</i>	General Fund			
<b>Expenditures*</b>	\$0	\$96,000	\$132,000	\$139,000
<i>Funding Source(s)</i>	NH Insurance Dept. Administration Fund			
<b>Appropriations*</b>	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

\*Expenditure = Cost of bill

\*Appropriation = Authorized funding to cover cost of bill

<b>Estimated Political Subdivision Impact</b>				
	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
<b>County Revenue</b>	\$0	\$0	\$0	\$0
<b>County Expenditures</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<b>Local Revenue</b>	\$0	\$0	\$0	\$0
<b>Local Expenditures</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

**METHODOLOGY:**

This bill requires the Insurance Commissioner to hold a public hearing within 15 business days when an insurer terminates a provider contract affecting 1,000 or more covered persons. It also requires insurers and providers to jointly notify affected individuals of their continued access rights and the scheduled hearing.

The New Hampshire Insurance Department states this bill will increase state expenditures from the Department's Administration Fund. The Department anticipates the need for one additional staff position to organize and manage required hearings and notices. The estimated cost, including salary, benefits, and related expenses, is \$96,000 in FY 2027, \$132,000 in FY 2028, and

\$139,000 in FY 2029. It is assumed the position costs for FY 2028 and FY 2029 would be included in the Department's FY 2028–FY 2029 budget request.

Health carriers would likely experience additional administrative costs associated with hearings, which could result in higher premiums and an indeterminable increase in premium tax revenue.

To the extent counties and municipalities purchase health insurance, they could see an increase in their health insurance premiums.

**AGENCIES CONTACTED:**

New Hampshire Insurance Department