

HB 1197-FN - AS INTRODUCED

2026 SESSION

26-2540
05/08

HOUSE BILL ***1197-FN***

AN ACT making technical corrections to certain insurance laws.

SPONSORS: Rep. Hunt, Ches. 14

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill makes various technical corrections to the insurance laws.

The bill is a request of the insurance department.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 making technical corrections to certain insurance laws.

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

1 1 Insurance Department; Investigations, Enforcement. Amend RSA 400-A:16 to read as follows:
2 400-A:16 Investigations, Enforcement.

3 I. The commissioner may conduct such investigations in addition to those specifically
4 provided for as he or she may find necessary in order to promote the efficient administration of the
5 provisions of this title.

6 II. Any individual or entity who transacts insurance in this state or is otherwise subject to
7 the authority of the commissioner shall, upon request of the commissioner, provide the commissioner
8 with all documents and information relevant to any investigation under this section within 10
9 working days, or shall request within the 10 working-day period, for good cause shown, additional
10 time to respond. ***Failure to provide all the documents and information or request additional***
11 ***time to respond within 10 working days shall be a violation, and each day of continuing***
12 ***non-compliance shall constitute a separate offense. The commissioner may by written***
13 ***notice with an effective date 30 days thereafter order the suspension, revocation or non-***
14 ***renew of the license of the individual or entity or impose an administrative penalty of up to***
15 ***\$2,500 for each violation. The individual or entity may request a hearing pursuant to RSA***
16 ***400-A:17, III. Any order shall be suspended pending a final decision of the commissioner***
17 ***after the hearing.***

18 III. Except as provided in subparagraphs (a)-(d), any documents, materials, or other
19 information in the control or possession of the insurance department that is furnished by an insurer,
20 producer, or an employee or agent thereof acting on behalf of the insurer or producer, or from the
21 National Association of Insurance Commissioners, its affiliates or subsidiaries, or from regulatory
22 and law enforcement officials of other foreign or domestic jurisdictions, or is otherwise obtained by
23 the commissioner in an investigation pursuant to this section shall be confidential by law and
24 privileged, shall not be subject to RSA 91-A, shall not be subject to subpoena, and shall not be
25 subject to discovery or admissible in evidence in any private civil action. Neither the commissioner
26 nor any person who received documents, materials, or other information while acting under the
27 authority of the commissioner shall be permitted or required to testify in any private civil action
28 concerning any confidential documents, materials, or information subject to this section. No waiver
29 of any applicable privilege or claim of confidentiality in the documents, materials, or information
30 shall occur as a result of disclosure to the commissioner under this section or as a result of sharing
31 as authorized herein. The following shall apply:

1 (a) The commissioner may use documents, materials, or other information obtained
2 through an investigation in furtherance of any regulatory or legal action brought as part of the
3 commissioner's duties.

4 (b) The commissioner may share documents, materials, or other information, including
5 the confidential and privileged documents, materials, or other information under paragraph III, with
6 other state, federal, and international regulatory agencies including the Bank for International
7 Settlements, with the International Association of Insurance Supervisors or the National Association
8 of Insurance Commissioners, their affiliates or subsidiaries, and with state, federal, and
9 international law enforcement authorities; provided, that the recipient agrees to maintain the
10 confidentiality and privileged status of the document, material, or other information.

11 (c) The commissioner may disclose to an insured or claimant who has filed a complaint
12 against an insurer, a copy of the insurance company's letter to the department in response to the
13 complaint. The commissioner ~~shall~~ **may** adopt rules, pursuant to RSA 541-A, as may be necessary,
14 to identify those documents obtained from the company during the course of the investigation of the
15 insured's or claimant's complaint that may be disclosed upon request to assist the insured or
16 claimant in understanding the basis for the department's actions related to the investigation. The
17 commissioner shall not disclose to an insured or claimant any information that would interfere with
18 any civil, criminal, or administrative enforcement proceeding.

19 (d) The commissioner may disclose to the public the number and nature of complaints
20 and inquiries filed by consumers with the department; provided, however, no information exempt
21 from disclosure under RSA 91-A shall be disclosed and no disclosure shall abridge the privacy
22 interests of any consumer filing such a complaint or inquiry.

23 IV. The commissioner may institute suits or other legal proceedings as necessary for the
24 enforcement of any rules, regulations, or provisions of this title.

25 V. If the commissioner has reason to believe that any person has violated any provision of
26 this title for which criminal prosecution is provided, he or she ~~shall~~ **may** so inform the attorney
27 general **or county attorney**. The attorney general **or county attorney** shall promptly institute
28 such action or proceedings against such person as in his or her opinion the information may require
29 or justify.

30 VI. The attorney general, upon request of the commissioner, is authorized to proceed in the
31 courts of any other state or in any federal court or agency to enforce an order or decision of any court,
32 proceeding or in any administrative proceeding before the commissioner.

33 2 Annual Financial Statement. Amend RSA 400-A:36, II to read as follows:

34 II. The commissioner may extend the time for filing or transmitting such statement for
35 cause shown for a period of not more than 60 days. Life insurance companies shall not be required
36 to file or transmit that part of their annual statement known as the gain and loss exhibit until the
37 succeeding May 1. ~~[An insurer intentionally failing to file or transmit its annual statement as~~

1 ~~required by paragraph I shall forfeit to the department \$25 for each day of delinquency.]~~ The
 2 commissioner may **impose an administrative fine in an amount not to exceed \$2,500 per day**
 3 **of delinquency, or** refuse to continue, or may suspend or revoke, the certificate of authority of any
 4 insurer [~~intentionally~~] **knowingly** failing to file or transmit its annual statement when due. The
 5 insurer shall pay the fee for filing or transmitting its annual statement as prescribed by RSA 400-
 6 A:29 at the time of filing or transmitting or with the premium tax return, but no later than March
 7 15th.

8 3 Conduct of Examinations. Amend RSA 400-A:37, III(b)(1) to read as follows:

9 (b)(1) Every company or person from whom information is sought, its officers, directors
 10 and agents must provide to the examiners timely, convenient and free access at all reasonable hours
 11 at its offices to all books, records, accounts, papers, documents and any or all computer or other
 12 recordings relating to the property, assets, business and affairs of the company being examined. The
 13 officers, directors, employees and agents of the company or person must facilitate the examination
 14 and aid in the examination so far as it is in their power to do so. The refusal of any company, by its
 15 officers, directors, employees or agents, to submit to examination or **the failure** to comply with any
 16 reasonable written request of the examiners shall be grounds for suspension or refusal of, or
 17 nonrenewal of any license or authority held by the company to engage in an insurance or other
 18 business subject to the commissioner's jurisdiction, **or fine. Each day of the continuing refusal**
 19 **or failure to comply shall constitute a separate offense. The commissioner may by written**
 20 **notice with an effective date 30 days thereafter order the suspension, revocation or non-**
 21 **renew of the license or authority of the individual or entity or impose an administrative**
 22 **penalty of up to \$2,500 for each violation. The individual or entity may request a hearing**
 23 **pursuant to RSA 400-A:17, III. Any order shall be suspended pending a final decision of**
 24 **the commissioner after the hearing.** [~~Any such proceedings for suspension, revocation, or refusal~~
 25 ~~of a license or authority shall be conducted pursuant to RSA 400-A:15, III.]~~

26 4 Conduct of Examination. Amend RSA 400-A:37, IV(c)(2) to read as follows:

27 (2) If requested by the person examined within 20 days after receipt of the order
 28 adopting the examination report, or if deemed advisable by the commissioner, the commissioner
 29 shall hold a closed meeting relative to the report. The closed meeting shall be conducted within 20
 30 days after a request for closed meeting **unless the commissioner and person examined**
 31 **mutually agree in writing to a later date.** Any order of the commissioner issued pursuant to
 32 RSA 400-A:37, IV(b)(1) shall be suspended pending a final decision of the commissioner after the
 33 closed meeting and the commissioner shall not file the report until after such closed meeting and his
 34 or her final order on the report; except that the commissioner may furnish a copy of the examination
 35 report:

36 (A) To the governor, attorney general, or treasurer pending the closed meeting
 37 and final decision thereon; and

1 (B) As otherwise provided in this chapter.

2 5 Market Conduct Record Retention and Product Penalties. Amend RSA 400-B:12 to read as
3 follows:

4 400-B:12 Penalties. Any insurer or related entity who knowingly violates any provision of this
5 chapter may, upon hearing, except where other penalty is expressly provided, be subject to
6 suspension or revocation of its certificate of authority or license, and an administrative fine not to
7 exceed \$2,500 per violation. ***Each day of non-compliance of any provision in this chapter***
8 ***shall constitute a separate offense.***

9 6 Insurance Claims Adjusters; License Nonrenewable, Suspension, or Revocation. Amend RSA
10 402-B:12 to read as follows:

11 402-B:12 License [~~Denial,~~] Nonrenewable, ***Suspension***, or Revocation.

12 The commissioner may for good cause shown, after notice and hearing, [~~deny,~~] ***place on***
13 ***probation, refuse to renew***, suspend, or revoke the insurance claims adjuster's license [~~of any~~
14 ~~holder or subject him or her to~~] ***or impose*** an administrative fine not to exceed \$2,500 per violation
15 or ***impose*** any combination of actions. [~~Such hearing may be held by the commissioner or any~~
16 ~~person designated by him or her. Any person aggrieved by said action of the commissioner or~~
17 ~~refused a license or renewal of the same by him may appeal in accordance with the provisions of RSA~~
18 ~~541.~~] Good cause includes, but is not limited to, the following:

19 I. Providing incorrect, misleading, incomplete, or materially untrue information in the
20 license application.

21 II. Violating any insurance laws, or violating any rule, regulation, subpoena, or order of the
22 commissioner or of another state's insurance commissioner.

23 III. Obtaining or attempting to obtain a license through misrepresentation or fraud.

24 IV. Improperly withholding, misappropriating, or converting any moneys or properties in
25 the course of doing business.

26 V. Intentionally misrepresenting the terms of an actual or proposed insurance contract or
27 application for insurance.

28 VI. Having been convicted of a felony ***or misdemeanor***.

29 VII. Having admitted to or been found to have committed any insurance unfair trade
30 practice or fraud.

31 VIII. Using fraudulent, coercive, or dishonest practices, or demonstrating incompetence,
32 untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere.

33 IX. Having an insurance license, or its equivalent, denied, suspended, or revoked in any
34 other state, province, district, or territory.

35 X. Forging another's name to an application for insurance or to any document related to an
36 insurance transaction.

1 XI. Improperly using notes or any other reference material to complete an examination for
2 an insurance license.

3 XII. Failing to comply with an administrative or court order imposing child support
4 obligation.

5 7 Public Adjusters; Resident License. Amend RSA 402-D:5, I(b) to read as follows:

6 (b) Has not committed any act that is a ground for ~~[denial]~~ **nonrenewal**, suspension, or
7 revocation of license set forth in RSA 402-D:10.

8 8 Public Adjusters; License. Amend RSA 402-D:9, I to read as follows:

9 I. ~~[Unless denied licensure pursuant to RSA 402-D:10,]~~ Persons who have met the
10 requirements of RSA 402-D:5 or RSA 402-D:8 shall be issued a public adjuster license.

11 9 Public Adjusters; License. Amend RSA 402-D:10 to read as follows:

12 402-D:10 License ~~[Denial]~~ Nonrenewal, **Suspension**, or Revocation.

13 I. The commissioner may, **for good cause shown, after notice and hearing**, place on
14 probation, suspend, revoke, or refuse to ~~[issue or]~~ renew a public adjuster's license or may impose an
15 administrative fine in the amount of \$2,500 per violation, or impose any combination of actions~~[-~~
16 ~~after notice and hearing, for any one or more of the following causes].~~ **Good cause includes, but is**
17 **not limited to, the following:**

18 (a) Providing incorrect, misleading, incomplete, or materially untrue information in the
19 license application.

20 (b) Violating any insurance laws, or violating any rule, subpoena, or order of the
21 commissioner or of another state's insurance commissioner.

22 (c) Obtaining or attempting to obtain a license through misrepresentation or fraud.

23 (d) Improperly withholding, misappropriating, or converting any moneys or properties
24 received in the course of doing insurance business.

25 (e) Intentionally misrepresenting the terms of an actual or proposed insurance contract
26 or application for insurance.

27 (f) Having been convicted of a felony **or misdemeanor**.

28 (g) Having admitted or been found to have committed any insurance unfair trade
29 practice or insurance fraud.

30 (h) Using fraudulent, coercive, or dishonest practices; or demonstrating incompetence,
31 untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere.

32 (i) Having an insurance license, or its equivalent, denied, suspended, or revoked in any
33 other state, province, district, or territory.

34 (j) Forging another's name to an application for insurance or to any document related to
35 an insurance transaction.

36 (k) Cheating, including improperly using notes or any other reference material, to
37 complete an examination for an insurance license.

1 (l) Knowingly accepting insurance business from a person who is not licensed but who is
2 required to be licensed by the commissioner.

3 (m) Failing to comply with an administrative or court order imposing a child support
4 obligation.

5 (n) Paying a commission, service fee, brokerage, or other valuable consideration to a
6 person for investigating or settling claims in this state if that person is required to be licensed under
7 this chapter and is not so licensed.

8 (o) Failing to maintain evidence of financial responsibility as required by RSA 402-D:11.

9 II. A public adjuster may pay or assign commission, service fees, brokerages, or other
10 valuable consideration to persons who do not investigate or settle claims in this state, unless the
11 payment would violate the provisions of RSA 417. A person shall not accept a commission, service
12 fee, brokerage, or other valuable consideration for investigating or settling claims in this state if that
13 person is required to be licensed under this chapter and is not so licensed.

14 III. ~~[In the event that the action by the commissioner is to deny an application for or~~
15 ~~nonrenew a license, the commissioner shall notify the applicant or licensee and advise, in writing,~~
16 ~~the applicant or licensee of the reason for the non-renewal or denial of the applicant's or licensee's~~
17 ~~license. The applicant or licensee may make written demand upon the commissioner pursuant to~~
18 ~~RSA 400 A:17 for a hearing before the commissioner to determine the reasonableness of the~~
19 ~~commissioner's action. The hearing shall be held pursuant to the provisions of RSA 400 A:17.~~

20 IV.] The commissioner shall retain the authority to enforce the provisions of and impose any penalty
21 or remedy authorized by this chapter and title XXXVII against any person who is under
22 investigation for or charged with a violation of this chapter or title XXXVII even if the person's
23 license or registration has been surrendered or has lapsed by operation of law.

24 10 Producer Licensing; Application for License. Amend RSA 402-J:6, I(b) to read as follows:

25 (b) Has not committed any act that is a ground for ~~[denial,]~~ **nonrenewal**, suspension, or
26 revocation set forth in RSA 402-J:12.

27 11 Producer Licensing. Amend the introductory paragraph of RSA 402-J:7, I to read as follows:

28 I. ~~[Unless denied licensure pursuant to RSA 402-J:12,]~~ Persons who have met the
29 requirements of RSA 402-J:5 and RSA 402-J:6 shall be issued an insurance producer license. An
30 insurance producer may receive qualification for a license in one or more of the following lines of
31 authority:

32 12 Producer Licensing; License Nonrenewable Suspension, or Revocation. Amend RSA 402-J:12
33 to read as follows:

34 402-J:12 License ~~[Denial,]~~ Nonrenewable, **Suspension**, or Revocation. –

35 I. The commissioner may, **for good cause shown, after notice and hearing**, place on
36 probation, suspend, revoke, or refuse to ~~[issue or]~~ renew an insurance producer's license, and may
37 ~~[levy]~~ **impose** an administrative fine not to exceed \$2,500 per violation, ~~[in accordance with RSA~~

1 400-A:15, III] or **impose** any combination of actions. [~~for any one or more of the following causes:]~~

2 **Good cause includes, but is not limited to, the following:**

3 (a) Providing incorrect, misleading, incomplete, or materially untrue information in the
4 license application.

5 (b) Violating any insurance laws, or violating any rule, regulation, subpoena, or order of
6 the commissioner or of another state's insurance commissioner

7 (c) Obtaining or attempting to obtain a license through misrepresentation or fraud.

8 (d) Improperly withholding, misappropriating, or converting any moneys or properties in
9 the course of doing insurance business.

10 (e) Intentionally misrepresenting the terms of an actual or proposed insurance contract
11 or application for insurance.

12 (f) Having been convicted of a felony **or misdemeanor**.

13 (g) Having admitted or been found to have committed any unfair trade practice or fraud.

14 (h) Using fraudulent, coercive, or dishonest practices, or demonstrating incompetence,
15 untrustworthiness or financial irresponsibility whether directly, as an individual, or through
16 activities for an entity, in the conduct of any business activity, or fraud, misappropriation or
17 conversion of funds, misrepresentation or breach of fiduciary duty involving any activity in this state
18 or elsewhere.

19 (i) Having an insurance producer license, or its equivalent, denied, suspended, or
20 revoked in any other state, province, district, or territory.

21 (j) Forging another's name to an application for insurance or to any document related to
22 an insurance transaction.

23 (k) Improperly using notes or any other reference material to complete an examination
24 for an insurance license.

25 (l) Knowingly accepting insurance business from an individual who is not licensed.

26 (m) Failing to comply with an administrative or court order imposing a child support
27 obligation.

28 II. [~~In the event that the action by the commissioner is to nonrenew or to deny an
29 application for a license, the commissioner shall notify the applicant or licensee and advise, in
30 writing, the applicant or licensee of the reason for the denial or nonrenewal of the applicant's or
31 licensee's license. The applicant or licensee may make written demand upon the commissioner for a
32 hearing before the commissioner to determine the reasonableness of the commissioner's action
33 pursuant to RSA 400-A:17.~~

34 III]. The license of a business entity may be suspended, revoked, or [~~refused~~] **nonrenewed** if the
35 commissioner finds, after **notice and** hearing [~~in accordance with RSA 400-A:17~~], that an individual
36 licensee's violation was known or should have been known by one or more of the partners, officers, or

1 managers acting on behalf of the partnership or corporation and the violation was neither reported
2 to the commissioner nor had any corrective action been taken.

3 ~~[IV. In addition to or in lieu of any applicable denial, suspension, or revocation of a license, a~~
4 ~~person may, after hearing, be subject to an administrative fine pursuant to RSA 400-A:15, III.~~

5 ~~V.]~~ **III.** The commissioner shall retain the authority to enforce the provisions of and impose
6 any penalty or remedy authorized by this chapter and title XXXVII against any person who is under
7 investigation for or charged with a violation of this chapter or title XXXVII even if such person's
8 license or registration has been surrendered or has lapsed by operation of law.

9 13 New Paragraph; Filing and Approval of Rates and Rating Plans. Amend RSA 412:28 by
10 inserting after paragraph III the following new paragraph:

11 III-a. An insurance company who participates in a fronting reinsurance arrangement with a
12 captive reinsurer may deviate from filed lost costs multipliers provided an alternative rating plan for
13 group captive insureds is filed with and approved by the commissioner and:

14 (a) The rating plan is used exclusively for coverage provided to members of a group
15 captive;

16 (b) The insured captive group member exceeds \$25,000 in estimated workers
17 compensation premium total across all states where the member has payroll; and

18 (c) The insurance company includes, in their filing, actuarial support from the captive
19 reinsurer that the alternative rates are not excessive or inadequate.

20 14 Minimum Standards for Claim Review; Accident and Health Insurance. Amend RSA 415-
21 A:4-a, III to read as follows:

22 III. Any carrier or other licensed entity that offers group health plans and employee benefit
23 plans shall file with the department a copy of its claim determination procedure, including all forms
24 used, and a copy of the materials designed to inform its members or insureds of the requirements of
25 the claim determination and grievance procedure and the responsibilities and rights of the members
26 or insureds under the plan~~[each year]~~ ***upon the commissioner's request***. The carrier shall also
27 file an acknowledgment that all applicable state and federal laws to protect the confidentiality of
28 individual medical records are followed.

29 15 Standards for Accident and Health Insurance; Appeal Procedure. Amend the introductory
30 paragraph of RSA 415-A:4-b to read as follows:

31 415-A:4-b Appeal Procedure. Every carrier or other licensed entity which offers group health
32 insurance or employee benefit plans shall file ***upon the commissioner's request*** with the
33 insurance department~~[by April 1 of each year,]~~ and shall maintain a written procedure by which a
34 claimant, or a representative of the claimant, shall have a reasonable opportunity to appeal a claim
35 denial to the carrier or other licensed entity, and under which there shall be a full and fair review of
36 the claim denial. The written procedure ~~[filed with the insurance department]~~ shall include all
37 forms used to process an appeal.

1 16 Unfair Insurance Trade Practices. Amend RSA 417:4, IX(b)(15) to read as follows:

2 (15) The rebate of all or part of a producer's commission on the sale of commercial
3 insurance as defined in RSA 412 provided the insurer expressly provides for such rebate in *its* rate
4 filings [~~approved by the commissioner~~] and the reduction of the commission is not disclosed to the
5 insured either directly or indirectly;

6 17 New Paragraph; Refusal to Issue, Cancellation, and Refusal to Renew Automobile Insurance.
7 Amend RSA 417-A:5 by inserting after paragraph III the following new paragraph:

8 III-a. No renewal shall be conditioned upon receipt of payment by a date certain. If an
9 insured misses the first required payment, the insurer shall issue a notice of cancellation for
10 nonpayment consistent with paragraph II.

11 18 Licensure of Medical Utilization Review Entities; Information Required. Amend the
12 introductory paragraph of RSA 420-E:3, I to read as follows:

13 I. Each person, partnership or corporation licensed under this chapter shall, at the time of
14 initial licensure and [~~on or before April 1 of each succeeding year~~] **upon the commissioner's**
15 **request**, provide the department with the following information:

16 19 Managed Care Law; Grievance Procedures. RSA 420-J:5, V is repealed and reenacted to read
17 as follows:

18 V. Manner and Content of Notification of Determination on Appeal. The carrier or other
19 licensed entity shall provide a claimant with a written determination of the appeal.

20 (a) Where a decision is made to uphold, in whole or in part, the denial of benefits, the
21 written determination of appeal shall include:

22 (1) The specific reason or reasons for the determination, including reference to the
23 specific provision, rule, protocol, or guideline on which the determination is based;

24 (2) A statement that the rule, protocol, or guideline governing the appeal will be
25 provided without charge to the claimant upon request;

26 (3) A statement describing all other dispute resolution options available to the
27 claimant, including, but not limited to other options for internal review and options for external
28 review and options for bringing a legal action;

29 (4) A statement that the claimant is entitled to receive, upon request and free of
30 charge, reasonable access to, and copies of, all documents, records, and other information relevant to
31 the claimant's claim for benefits;

32 (5) If an internal rule, guideline, protocol, or other similar criterion was relied upon
33 in making the claim denial, either the specific rule, guideline, protocol, or other similar criterion; or
34 a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making
35 the claim denial and that a copy of the rule, guideline, protocol, or other similar criterion will be
36 provided free of charge to the claimant upon request;

1 (6) If the claim denial is based on a medical necessity or experimental treatment or
2 similar exclusion or limit, either an explanation of the scientific or clinical judgment for the denial,
3 applying the terms of the plan to the claimant's medical circumstances, or a statement that such
4 explanation will be provided free of charge upon request;

5 (7) If the appeal involves an adverse determination, a copy of the notice of the right
6 to external review that includes the specific requirements for filing an external review; and

7 (8) A statement describing the claimant's right to contact the insurance
8 commissioner's office for assistance which shall include the toll-free telephone number and address
9 of the commissioner.

10 (b) A carrier shall maintain written records documenting all grievances and appeals
11 received during a calendar year, a general description of the reason for the appeal or grievance, the
12 name of the claimant, the dates of the appeal or grievance and the date of resolution.

13 (c) A carrier shall provide to consumers:

14 (1) A description of the internal grievance procedure required under RSA 420-J:5 for
15 claim denials and other matters and a description of the process for obtaining external review under
16 RSA 420-J:5-a-RSA 420-J:5-e. These descriptions shall be set forth in or attached to the policy,
17 certificate, membership booklet, or other evidence of coverage provided to covered persons.

18 (2) A statement of a covered person's right to contact the commissioner's office for
19 assistance at any time. The statement shall include the toll-free telephone number and address of
20 the commissioner.

21 (3) A statement that the carrier or other licensed entity will provide assistance in
22 preparing an appeal of an adverse benefit determination, and a toll-free telephone number to contact
23 the carrier or other licensed entity.

24 (d)(1) If a carrier or other licensed entity provides 2 mandatory levels of appeal, the first
25 level shall be completed within 15 days of filing the appeal or grievance and the second level
26 completed within the 30-day time period beginning from the date of filing the second level appeal or
27 grievance. If a carrier or other licensed entity provides a single mandatory level of appeal, the single
28 mandatory level shall be completed within the 30-day time period beginning from the initial date of
29 filing the appeal. With respect to a mandatory second level of appeal involving a claim for
30 continuation of services or urgent care, the carrier or other licensed entity shall make a decision and
31 notify the claimant within 72 hours after the mandatory second level appeal is filed.

32 (2) Subparagraph (d)(1) shall not prohibit a carrier or other licensed carrier from
33 offering additional voluntary levels of appeal in addition to any mandatory levels of appeal offered,
34 provided that:

35 (A) The claimant may elect to pursue any additional level of appeal under this
36 subparagraph voluntarily;

1 (B) A carrier may not assert failure to exhaust administrative remedies where a
2 claimant elects to pursue a claim through other venues rather than through the voluntary level of
3 appeal;

4 (C) Any statute of limitations or time limits to pursue other remedies shall be
5 tolled during the voluntary appeals process;

6 (D) Voluntary levels of appeal are available only after a claimant has completed
7 required mandatory levels of appeal required under the plan or by regulation;

8 (E) The carrier provides a claimant with sufficient information to make an
9 informed decision whether to submit the claim through any voluntary appeals process;

10 (F) No fees or costs are imposed on the claimant as part of any voluntary appeals
11 process; and

12 (G) Any voluntary level of appeal requested by a claimant under this
13 subparagraph shall be completed within 30 days from the date of the request for the voluntary
14 appeal.

15 (e) Annual reports shall be made to the insurance commissioner regarding plan
16 complaints, adverse determinations, claim denials, and prior authorization statistics in such form
17 and containing such information as the commissioner may prescribe by rule or otherwise.

18 (f) If the claimant has filed an appeal and the carrier or other licensed entity has not
19 issued a decision within the required time frames, the carrier or other licensed entity shall promptly
20 provide the claimant with a statement of the claimant's right to file an external appeal as provided
21 in RSA 420-J:5-a-RSA 420-J:5-e. The statement of appeal rights shall include a description of the
22 process for obtaining external review of a determination, a copy of the written procedures governing
23 external review, including the required time frames for requesting external review, and notice of the
24 conditions under which expedited external review is available.

25 20 Managed Care Law; Utilization Review. Amend RSA 420-J:6, I(a) to read as follows:

26 (a) Each health carrier conducting utilization review directly or indirectly through a
27 contracted utilization review entity shall have written procedures for carrying out its utilization
28 review processes and shall file such procedures with the commissioner ~~[on or before April 1 of each~~
29 ~~year]~~ **upon request**. Health carriers shall conform to the standards of either the Utilization Review
30 Accreditation Commission or the National Committee for Quality Assurances and are subject to all
31 applicable rules issued pursuant to RSA 420-E:7.

32 21 Repeal. RSA 417-A:5-a, providing notice of nonrenewal not required, is repealed.

33 22 Effective Date. This act shall take effect January 1, 2027.

**HB 1197-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT making technical corrections to certain insurance laws.

FISCAL IMPACT:

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	Indeterminable Increase \$10,000 to \$100,000	Indeterminable Increase \$10,000 to \$100,000	Indeterminable Increase \$10,000 to \$100,000
<i>Revenue Fund(s)</i>	General Fund			
Expenditures*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill makes a series of technical and clarifying changes throughout New Hampshire's insurance laws, including revisions to the Commissioner's enforcement authority, producer licensing, cancellation and nonrenewal notice requirements, rate-filing provisions, and managed-care grievance and utilization review procedures.

The Insurance Department states this bill will increase state revenues by an indeterminable amount from fines, penalties, and administrative assessments deposited into the General Fund through the Insurance Premium Tax. The Department indicates clarifying language in RSA 400-A:16 and related enforcement sections may increase the number of consent orders and administrative hearings. Any resulting increase in penalty revenue is expected to be modest and dependent upon compliance by insurance companies, agents, and other licensees. The Department estimate the revenue increase will be more than \$10,000 but less than \$100,000 per year.

AGENCIES CONTACTED:

Insurance Department