

HB 241-FN - AS AMENDED BY THE HOUSE

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2025 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.

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 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

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:

1 1 Statement of Findings and Purpose.

2 I. The general court recognizes the following:

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

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

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

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

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

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

22 2 New Section; Managed Care Law; Development of a Comprehensive Program of Pain
23 Management Services for the Management of Chronic Pain. Amend RSA 420-J by inserting after
24 section 7-e the following new section:

25 420-J:7-f Development of a Comprehensive Program of Pain Management Services for the
26 Management of Chronic Pain.

27 I. Health carriers shall develop, in accordance with guidelines established by the insurance
28 department, a program to provide access to a broad spectrum of covered pain management services,
29 including, but not limited to, non-medication, nonsurgical treatment modalities, and non-opioid

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1 medication treatment options that serve as alternatives to opioid prescribing. This plan shall be
2 approved by the department as a component of the form filing and approval process.

3 II. Health carriers shall provide to covered persons who suffer from a chronic pain condition
4 information regarding the pain management program and how to access services included in the
5 program. Such information shall also be publicly available on the health carrier's website.

6 III. Health carriers shall annually distribute educational materials about the program to
7 providers within their networks.

8 IV. Health carriers shall not require a covered person accessing services as part of the
9 program to obtain prior authorization for covered, non-medication, nonsurgical treatment modalities
10 that include restorative therapies, behavioral health approaches or integrative health therapies,
11 including acupuncture, chiropractic treatments, massage and movement therapies.

12 V. No program under this section may establish utilization controls, including prior
13 authorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by
14 the United States Food and Drug Administration for the treatment or management of pain, that are
15 more restrictive or extensive than the least restrictive or extensive utilization controls applicable to
16 any clinically appropriate opioid drug.

17 3 Effective Date. This act shall take effect January 1, 2027.

HB 241-FN- FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT # 2025-2990h)

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

FISCAL IMPACT:

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	Indeterminable Increase (range not provided by agency)	Indeterminable Increase (range not provided by agency)	Indeterminable Increase (range not provided by agency)
<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

Estimated Political Subdivision Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
County Revenue	\$0	\$0	\$0	\$0
County Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill requires health carriers to provide expanded coverage for non-opioid pain management services and limits the use of utilization controls for those services for policies issued or renewed on or after January 1, 2027.

The Insurance Department states this bill requires health carriers in the fully insured health insurance market to develop and maintain comprehensive pain management programs for the treatment of chronic pain and to provide information on those programs to consumers on an annual basis. The bill also requires that medical management techniques for non-opioid drugs

approved to treat pain be no more stringent than the medical management techniques used for opioid drugs.

The Department states that if the expanded coverage requirements increase utilization of health care services, overall health care costs and insurance premiums could increase, which would result in a corresponding increase in Insurance Premium Tax revenues. However, the Department is unable to estimate the extent to which utilization of health care services would increase under the bill and therefore cannot estimate the fiscal impact on Insurance Premium Tax revenues, which is indeterminable.

To the extent counties and municipalities purchase fully insured health insurance, they could experience increased health insurance costs if utilization of health care services increases.

AGENCIES CONTACTED:

Insurance Department