

SB 476 - AS AMENDED BY THE SENATE

03/26/2026 1236s

2026 SESSION

26-2035

05/08

SENATE BILL **476**

AN ACT relative to consumer health care cost transparency.

SPONSORS: Sen. McGough, Dist 11; Sen. Gannon, Dist 23; Sen. Rosenwald, Dist 13; Sen. Birdsell, Dist 19; Sen. Innis, Dist 7; Sen. Pearl, Dist 17; Rep. Miles, Hills. 12; Rep. W. MacDonald, Rock. 16; Rep. Ammon, Hills. 42; Rep. Kuttub, Rock. 17

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill creates new requirements for the insurance department to give consumers access to health care price-transparency tools and billing information.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 consumer health care cost transparency.

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

1 1 Health Statistics; Health Care Data; Availability Of Data. Amend RSA 126:28, III to read as
 2 follows:

3 III. To ~~[the insurance department,]~~ the department of justice~~;~~ or any other state or federal
 4 agency, and any agency's contractors, for review of health care matters within the agency's
 5 respective jurisdictional authority. An agency or contractor receiving health care data under this
 6 section shall comply with all state and federal confidentiality, privacy, and security protections.

7 ***IV. To the insurance department to ensure appropriate state regulation of***
 8 ***insurance and health plans and to advance the insurance department's reporting on***
 9 ***health care delivery or costs. The insurance department shall be provided with the***
 10 ***complete data set. The insurance department shall only disclose the data in a manner***
 11 ***consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)***
 12 ***and 45 C.F.R. parts 160, 162, and 164.***

13 2 Portability, Availability, And Renewability Of Health Coverage; Requested Information.
 14 Amend RSA 420-G:14-a to read as follows:

15 420-G:14-a Requested Information.

16 I. ~~[As authorized in accordance with RSA 420-G:14, the]~~ ***The*** commissioner may request the
 17 submission of such information by carriers as is necessary to better understand the coverage history
 18 and choices of participants in the nongroup market, ***health costs, cost drivers, health care***
 19 ***financing and delivery system.*** The commissioner shall make every attempt to ensure the
 20 reasonableness of such request, both in terms of scope and timeframe, and to limit this request to
 21 information the commissioner deems necessary to better understand the dynamics of the ~~[nongroup]~~
 22 health insurance market ~~[and to assess the appropriateness of alternative sources of funding for the~~
 23 ~~nongroup subsidy]~~.

24 II. The commissioner shall request and health carriers shall supply information and data
 25 ~~[no later than June 30 of]~~ each year sufficient to report on the ~~[small employer]~~ health insurance
 26 market ***and the types of health coverage being purchased by individuals and employers by***
 27 ***geographic area.*** Such information shall be reported for the market as a whole and by market
 28 segment. At the commissioner's discretion, such information may include, but not be limited to,
 29 information relating to premium rates and rating practices, ***prescription drug rebates,*** the
 30 number of groups and individuals insured, availability of coverage and benefit plans, trend, loss
 31 ratios, administration costs, and profitability. ~~[The commissioner shall file a report of the~~

~~information by December 31 of each year with the president of the senate, the speaker of the house of representatives, the chairperson of the house commerce committee, and the chairperson of the senate banks and insurance committee.]~~ ***The commissioner shall limit requests to the most essential data reasonably necessary to evaluate insurance market dynamics, health care cost drivers, and premium trends.***

III. ~~[The commissioner shall request and health carriers shall supply information no later than June 30 of each year sufficient to report on the types of health coverage being purchased by individuals and employers by geographic area. The report shall include specific details regarding the type of coverage, including, but not limited to, co-pays, out of pocket maximums, network restrictions, and deductibles.]~~ ***The commissioner shall prescribe the format, time, and procedure for submitting data. Any forms, templates, or guidance regarding the submission required by the section shall be exempt from the requirements of RSA 541-A.***

IV. ~~[The commissioner shall file the required reports by December 31 of each year with the senate president, the speaker of the house, and the chairpersons of the house and senate committees having jurisdiction over commerce issues.]~~ ***All native information and data collected shall be confidential and exempt from disclosure under RSA 91-A. The insurance department shall only disclose the data in a manner consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 C.F.R. parts 160, 162, and 164 to advance the purposes of this section.***

V. The commissioner shall hold an annual public hearing concerning premium rates in the health insurance market and the factors, including health care costs and cost trends, that have contributed to rate increases during the prior year. ***The purpose of the public hearing shall be to provide transparency regarding the factors influencing health insurance premiums and health care costs and to inform policymakers and consumers regarding market trends.*** The commissioner shall evaluate claims costs, administrative loads, and health carrier profits. The commissioner shall identify the factors that contribute to cost increases affecting health insurance premiums and health care services in New Hampshire. The commissioner shall identify variations in the price that health carriers pay for health care services and shall undertake further analysis to determine the cause of the observed price variations by utilizing the uniform hospital discharge data set, as described under RSA 126:25, the comprehensive health care information system as described in RSA 420-G:11-a, ***any other health care data collected by state government, including but not limited to Medicaid data,*** and other data sources as appropriate. In advance of holding the public hearing, the commissioner may require any health insurer or third party administrator to produce documents and information deemed necessary and relevant to evaluate the factors that contribute to cost growth in health care services, increased utilization of health care, and health insurance premium costs. The commissioner shall keep confidential all nonpublic documents and shall not disclose those documents without the consent of the health care provider or health care

1 payer that produced the information or documents. The commissioner may compel a health
2 insurance carrier or third party administrator to testify at the annual public hearing. The
3 commissioner may also invite representatives of health care providers to provide relevant
4 information.

5 VI.(a) The commissioner shall prepare an annual report concerning premium rates in the
6 health insurance market and the factors that have contributed to rate variations during prior years.
7 The annual report shall be designed to provide information which identifies and quantifies health
8 care spending trends and the underlying factors that contributed to variations in health insurance
9 premiums. The report may include, as appropriate, analysis of public policy options for increasing
10 the efficiency of New Hampshire's health care financing and delivery system and controlling health
11 care costs and premium variations. The report shall be based to the highest extent possible on the
12 commissioner's analysis of information and data available to the commissioner, including the
13 testimony at the public hearing, and any other information or documents submitted in connection
14 with the public hearing.

15 (b) The commissioner shall submit the annual report to the governor, the president of
16 the senate, and the speaker of the house of representatives on or before December 31 of each year.

17 VII. In conjunction with the annual public hearing required under paragraph V and the
18 report required under paragraph VI, the commissioner shall consider any pertinent work of other
19 legislative commissions and inquires focused on related matters.

20 ***VIII. The commissioner shall help consumers make informed choices about health***
21 ***insurance by engaging in efforts to improve transparency in health insurance.***

22 ***IX. The department shall have the authority to receive all health data from any***
23 ***state agency to the extent reasonably necessary for the regulation of insurance markets***
24 ***and analysis of health care cost drivers affecting insurance premiums. Any health data***
25 ***received from another agency shall only be disclosed in a manner consistent with the***
26 ***Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 C.F.R. parts***
27 ***160, 162, and 164.***

28 3 Effective Date. This act shall take effect January 1, 2027.