HB 1197-FN - VERSION ADOPTED BY BOTH BODIES

19Feb2026... 0519h
21May2026... 2016EBA

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.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 1197-FN - VERSION ADOPTED BY BOTH BODIES

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

400-A:16 Investigations, Enforcement.

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

II. Any individual or entity who transacts insurance in this state or is otherwise subject to the authority of the commissioner shall, upon request of the commissioner, provide the commissioner with all documents and information relevant to any investigation under this section within 10 working days, or shall request within the 10 working-day period, for good cause shown, additional time to respond. ***Failure to provide all the documents and information or request additional time to respond within 10 working days shall be a violation. The commissioner may by written notice with an effective date 30 days thereafter order the suspension, revocation, or non-renewal of the license of the individual or entity or impose an administrative penalty not to exceed $5,000 for each violation. The individual or entity may request a hearing pursuant to RSA 400-A:17, III. Any order shall be suspended pending a final decision of the commissioner after the hearing.***

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

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

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

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

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

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

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

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

2 Annual Financial Statement. RSA 400-A:36, II is repealed and reenacted to read as follows:

II. The commissioner may extend the time for filing or transmitting such statement for cause shown for a period of not more than 60 days. Life insurance companies shall not be required to file or transmit that part of their annual statement known as the gain and loss exhibit until the succeeding May 1. The commissioner may impose an administrative fine in an amount not to exceed

$5,000, or refuse to continue, or may suspend or revoke, the certificate of authority of any insurer intentionally failing to file or transmit its annual statement when due. The insurer shall pay the fee for filing or transmitting its annual statement as prescribed by RSA 400-A:29 at the time of filing or transmitting or with the premium tax return, but no later than March 15th.

3 Conduct of Examinations. RSA 400-A:37, III(b)(1) is repealed and reenacted to read as follows:

(b)(1) Every company or person from whom information is sought, its officers, directors, and agents must provide to the examiners timely, convenient, and free access at all reasonable hours at its offices to all books, records, accounts, papers, documents, and any or all computer or other recordings relating to the property, assets, business, and affairs of the company being examined. The officers, directors, employees, and agents of the company or person must facilitate the examination and aid in the examination so far as it is in their power to do so. The refusal of any company, by its officers, directors, employees or agents, to submit to examination or the failure to comply with any reasonable written request of the examiners, including those pursuant to RSA 400-B:10, III, shall be grounds for suspension or refusal of, or nonrenewal of any license or authority held by the company to engage in an insurance or other business subject to the commissioner's jurisdiction, or fine. The commissioner may by written notice with an effective date 30 days thereafter order the suspension, revocation or nonrenewal of the license or authority of the individual or entity or impose an administrative penalty not to exceed $5,000 for each violation. The individual or entity may request a hearing pursuant to RSA 400-A:17, III. Any order shall be suspended pending a final decision of the commissioner after the hearing.

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

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

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

(B) As otherwise provided in this chapter.

5 Insurance Claims Adjusters; License to Issue. Amend RSA 402-B:7, I to read as follows:

I. Upon satisfaction that such applicant is in all respects properly qualified and of good character ***after having considered the good cause factors listed in RSA 402-B:12***, and that the

granting of such license is not against the public interest, the commissioner shall, upon the payment of the required fee, issue said applicant an insurance claims adjuster's license.

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

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

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

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

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

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

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

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

VI. Having been convicted of a felony ***or other offense of moral turpitude involving dishonesty, deceit, theft, willful misrepresentation, or which tends to discredit the profession***.

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

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

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

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

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

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

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

(b) Has not committed any act that is a ground for [~~denial,~~] ***nonrenewal,*** suspension, or revocation of license set forth in RSA 402-D:10 ***which the commissioner determines is against the public interest***.

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

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

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

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

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

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

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

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

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

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

(f) Having been convicted of a felony***, or other offense of moral turpitude involving dishonesty, deceit, theft, willful misrepresentation, or which tends to discredit the profession***.

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Has not committed any act that is a ground for [~~denial,~~] ***nonrenewal,*** suspension, or revocation set forth in RSA 402-J:12 ***which the commissioner determines is against the public interest***.

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

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

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

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

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

~~400-A:15, III~~] or ***impose*** any combination of actions**.** [~~for any one or more of the following causes:~~] ***Good cause includes, but is not limited to, the following:***

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

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

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

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

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

(f) Having been convicted of a felony***, or other offense of moral turpitude involving dishonesty, deceit, theft, willful misrepresentation, or which tends to discredit the profession***.

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

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

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

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

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

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

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

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

~~III~~]. The license of a business entity may be suspended, revoked, or [~~refused~~] ***nonrenewed*** if the commissioner finds, after ***notice and*** hearing [~~in accordance with RSA 400-A:17~~], that an individual

licensee's violation was known or should have been known by one or more of the partners, officers, or managers acting on behalf of the partnership or corporation and the violation was neither reported to the commissioner nor had any corrective action been taken.

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

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

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

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

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

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

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

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

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

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

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

the claim denial. The written procedure [~~filed with the insurance department~~] shall include all forms used to process an appeal.

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

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

17 Public Adjuster; Resident License. Amend the introductory paragraph of RSA 402-D:8, I to read as follows:

I. Unless denied licensure pursuant to RSA [~~402-D:10~~] ***402-D:5, I(b)***, a nonresident person shall receive a nonresident public adjuster license if:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) A carrier shall provide to consumers:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 Producer Licensing; Nonresident License. Amend the introductory paragraph of RSA 402-J:8, I to read as follows:

I. Unless denied licensure pursuant to RSA [~~402-J:12~~] ***402-J:6, I(b)***, a nonresident shall receive a nonresident producer license if:

22 Accident and Health Insurance; Student Insurance Policies. Amend the introductory paragraph of RSA 415:19-a to read as follows:

415:19-a Student Insurance Policies.

Student major medical expense coverage is hereby declared to be that form of accident and health insurance issued as large group coverage to enrolled students at an accredited college, university, or other educational institution. ***Except for standalone group dental coverage and standalone group vision,*** no coverage other than student major medical expense coverage shall be issued as student large group coverage. Student major medical expense plan coverage shall:

23 Continuing Care Communities; Refunds. Amend RSA 420-D:16-b, III to read as follows:

III. Payment of the refundable entrance fee shall be subject to any other state and federal laws except that [~~the first $120,000, or $240,000 for a couple, of the funds~~] ***an amount equal to the homestead right exemptions pursuant to RSA 480 of the refund*** shall be exempt from attachment by creditors if the original entrance fee was payable from the proceeds of a house sold by the resident in New Hampshire.

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

LBA
26-2540
3/3/26

HB 1197-FN- FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT #2026-0519h)

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
Revenue Fund(s)	General Fund			
Expenditures*	$0	$0	$0	$0
Funding Source(s)	None			
Appropriations*	$0	$0	$0	$0
Funding Source(s)	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