

**HB 774-FN - AS INTRODUCED**

2025 SESSION

25-0797

05/08

HOUSE BILL            ***774-FN***

AN ACT                requiring Medicare supplemental policies to cover pre-existing conditions.

SPONSORS:            Rep. LaMontagne, Straf. 17; Rep. Nagel, Belk. 6; Rep. Schmidt, Straf. 14; Rep. Vail, Hills. 6

COMMITTEE:          Health, Human Services and Elderly Affairs

---

ANALYSIS

This bill requires Medicare supplemental policies to cover pre-existing conditions.

-----

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 requiring Medicare supplemental policies to cover pre-existing conditions.

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

1 1 Standards for Accident and Health Insurance; Preexisting Conditions. Amend RSA 415-A:5, I  
2 to read as follows:

3 I. If an insurer or a nonprofit hospital or medical service association elects to use a  
4 simplified application form for a policy [~~other than a Medicare supplement policy~~], with or without a  
5 question as to the applicant's health at the time of application, but without any questions concerning  
6 the insured's health history or medical treatment history, the policy, 9 months after the date of  
7 enrollment, must cover any loss occurring from any preexisting condition not specifically excluded  
8 from coverage by terms of the policy and, except as so provided, the policy shall not include wording  
9 that would permit a defense based upon preexisting conditions.

10 2 New Paragraph; Medicare Supplemental Insurance; Definition of Medicare Advantage Plan  
11 Added. Amend RSA 451-F:1 by inserting after paragraph V the following new paragraph:

12 V-a. "Medicare Advantage Plan" means a Medicare-approved plan from a private company  
13 that offers an alternative to original Medicare pursuant to the Balanced Budget Act of 1997 and the  
14 Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

15 3 New Paragraph; Medicare Supplemental Insurance; Definition of Preexisting Condition.  
16 Amend RSA 451-F:1 by inserting after paragraph VII the following new paragraph:

17 VIII. "Preexisting condition" means a condition for which medical advice was given or  
18 treatment was recommended by or received from a physician within 6 months before the effective  
19 date of coverage.

20 4 Medicare Supplemental Insurance; Standards for Policy Provisions and Authority to Adopt  
21 Rules. Amend RSA 415-F:3 to read as follows:

22 415-F:3 Standards for Policy Provisions and Authority to Adopt Rules.

23 I. No Medicare supplement policy or certificate in force in the state shall contain benefits  
24 that duplicate benefits provided by Medicare.

25 II. Notwithstanding any other provision of law of this state, a Medicare supplement policy or  
26 certificate shall not exclude or limit benefits [~~for loss incurred more than 6 months from the effective~~  
27 ~~date of coverage~~] because it involved a preexisting condition. [~~The policy or certificate shall not~~  
28 ~~define a preexisting condition more restrictively than a condition for which medical advice was given~~  
29 ~~or treatment was recommended by or received from a physician within 6 months before the effective~~  
30 ~~date of coverage.~~]

1           III. The commissioner shall adopt reasonable rules under RSA 541-A to establish specific  
2 standards for policy provisions of Medicare supplement policies and certificates. Such standards  
3 shall be in addition to and in accordance with applicable laws of this state. No requirement of the  
4 insurance code relating to minimum required policy benefits, other than the minimum standards  
5 contained in this chapter, shall apply to Medicare supplement policies and certificates. The  
6 standards may cover, but not be limited to:

- 7           (a) Terms of renewability ***and enrollment.***  
8           (b) Initial and subsequent conditions of eligibility.  
9           (c) Nonduplication of coverage.  
10          (d) Probationary periods.  
11          (e) Benefit limitations, exceptions, and reductions.  
12          (f) Elimination periods.  
13          (g) Requirements for replacement.  
14          (h) Recurrent conditions.  
15          (i) Definitions of terms.  
16          ***(j) Preexisting conditions.***

17           IV. The commissioner may adopt reasonable rules under RSA 541-A to establish minimum  
18 standards for benefits, claims payment, marketing practices, compensation arrangements and  
19 reporting practices for Medicare supplement policies and certificates.

20           V. The commissioner may adopt rules, under RSA 541-A, as are necessary to conform  
21 Medicare supplement policies and certificates to the requirements of federal law and regulations  
22 promulgated under such federal law, including but not limited to:

- 23           (a) Requiring refunds or credits if the policies or certificates do not meet loss ratio  
24 requirements.  
25           (b) Establishing a uniform methodology for calculating and reporting loss ratios.  
26           (c) Assuring public access to policies, premiums, and loss ratio information of issuers of  
27 Medicare supplement insurance.  
28           (d) Establishing a process for approving or disapproving policy forms, certificate forms,  
29 and proposed premium increases.  
30           (e) Establishing a policy for holding public hearings prior to approval of premium  
31 increases.  
32           (f) Establishing standards for medicare select policies and certificates.

33           VI. The commissioner may adopt rules under RSA 541-A that specify prohibited policy  
34 provisions not otherwise specifically authorized by statute which, in the opinion of the commissioner,  
35 are unjust, unfair or unfairly discriminatory to any person insured or proposed to be insured under a  
36 Medicare supplement policy or certificate ***or Medicare Advantage Plans.***

37           5 Disclosure Standards. Amend RSA 415-F:5, I to read as follows:

1 I. In order to provide for full and fair disclosure in the sale of Medicare supplement policies  
2 **and Medicare Advantage Plans**, no Medicare supplement policy or certificate **or Medicare**  
3 **Advantage Plan** shall be delivered in this state unless an outline of coverage is delivered to the  
4 applicant at the time application is made.

5 6 New Paragraph; Disclosure Standards. Amend RSA 415-F:5, IV by inserting after  
6 subparagraph (b) the following new subparagraph:

7 (c) Medicare Advantage Plans.

8 7 Notice of Free Examination and Enrollment. Amend RSA 415-F:6 to read as follows:

9 415-F:6 Notice of Free Examination.

10 **I. Medicare supplement policies and certificates *or Medicare Advantage Plans* shall have**  
11 **a notice prominently printed on the first page of the policy or certificate or attached thereto stating**  
12 **in substance that the applicant shall have the right to return the policy or certificate within 30 days**  
13 **of its delivery and to have the premium refunded if, after examination of the policy or certificate, the**  
14 **applicant is not satisfied for any reason. Any refund made pursuant to this section shall be paid**  
15 **directly to the applicant by the issuer in a timely manner.**

16 **II. Every issuer of Medicare supplement insurance policies or certificates in this**  
17 **state shall allow any beneficiary eligible for Medicare, including those disenrolling from**  
18 **current coverage by supplement insurance or a Medicare Advantage plan, to be offered a**  
19 **supplementary plan based on community rating for the age of the recipient during the**  
20 **Medicare Open Enrollment Period. Pricing of premiums based on medical underwriting or**  
21 **denial of a supplemental policy due to medical underwriting to cover preexisting**  
22 **conditions is prohibited for Medicare supplement plans.**

23 **III. Every insurer that offers Medicare Advantage Plans in the state of NH must**  
24 **also offer Medicare Supplement or Medigap Plans.**

25 8 Effective Date. This act shall take effect 60 days after its passage.

LBA  
25-0797  
1/10/25

**HB 774-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT requiring Medicare supplemental policies to cover pre-existing conditions.

**FISCAL IMPACT:**

The Office of Legislative Budget Assistant is unable to complete a fiscal note for this bill as it is awaiting information from the Department of Health and Human Services. The Department was contacted on 1/2/25 for a fiscal note worksheet. When completed, the fiscal note will be forwarded to the House Clerk's Office.

**AGENCIES CONTACTED:**

Department of Health and Human Services