Committee Report

CONSENT CALENDAR

May 24, 2017

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Commerce and Consumer Affairs to which was referred SB 157,

AN ACT relative to network adequacy and consumer rights under the managed care law. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. David Luneau

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Commerce and Consumer Affairs**
Bill Number:	**SB 157**
Title:	**relative to network adequacy and consumer rights under the managed care law.**
Date:	**May 24, 2017**
Consent Calendar:	**CONSENT**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2017-1772h**

STATEMENT OF INTENT

This bill amends the network adequacy requirement for health insurance plans to provide a choice of and access to providers of specialty care for persons with substance use disorder. It also requires health insurance carriers to notify an insured person of their appeal rights when they contact the carrier regarding a denial of coverage or when the carrier verbally informs the person of the denial of coverage. The amendment clarifies the provision describing when the carrier is required to provide this notice.

Vote 20-0.

Rep. David Luneau
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Commerce and Consumer Affairs

SB 157, relative to network adequacy and consumer rights under the managed care law. **OUGHT TO PASS WITH AMENDMENT.**

Rep. David Luneau for Commerce and Consumer Affairs. This bill amends the network adequacy requirement for health insurance plans to provide a choice of and access to providers of specialty care for persons with substance use disorder. It also requires health insurance carriers to notify an insured person of their appeal rights when they contact the carrier regarding a denial of coverage or when the carrier verbally informs the person of the denial of coverage. The amendment clarifies the provision describing when the carrier is required to provide this notice. **Vote 20-0.**

Original: House Clerk
Cc: Committee Bill File

Rep. Hunt, Ches. 11
May 15, 2017
2017-1772h
01/10

Amendment to SB 157

1 Amend RSA 420-J:7-e as inserted by section 2 of the bill by replacing it with the following:

2

3 420-J:7-e Notice of Consumer Rights. A health carrier shall, at least annually, in a conspicuous
4 communication as approved by the commissioner which may be included as an insert in an annual
5 mailing or by electronic communication, notify each covered person of his or her consumer rights
6 under this chapter, including, but not limited to, appeal rights and the ability to access services out-
7 of-network in the event covered services are not available in-network. A health carrier shall also
8 notify covered persons of the right to access out-of-network services when the covered person
9 contacts the health carrier directly requesting assistance finding clinically appropriate in-network
10 care. A health carrier shall also provide notification to covered persons of their right to appeal
11 whenever a covered person contacts the health carrier regarding a denial of coverage or when a
12 health carrier verbally informs the covered person of the denial of coverage.

Stapler, Carol

From: John B Hunt <jbhunt@prodigy.net>
Sent: Tuesday, May 23, 2017 8:43 PM
To: Stapler, Carol
Subject: Fwd: Blurb for SB 157

I approve,
John

Begin forwarded message:

From: Dave Luneau <dluneaunh@gmail.com>
Subject: Blurb for SB 157
Date: May 23, 2017 at 6:25:46 PM EDT
To: carol.stapler@leg.state.nh.us
Cc: John Hunt <jbhunt@prodigy.net>, Ed Butler <edofthenotch@gmail.com>, Dan Feltes <danfeltes@gmail.com>

Consent Calendar

SB 157, relative to network adequacy and consumer rights under the managed care law.

OUGHT TO PASS.

Rep. David Luneau for Commerce and Consumer Affairs.

This bill amends the network adequacy requirement for health insurance plans to provide a choice of and access to providers of specialty care for persons with substance use disorder. It also requires health insurance carriers to notify an insured person of their appeal rights when they contact the carrier regarding a denial of coverage or when the carrier verbally informs the person of the denial of coverage.

Vote 20-0.

--

Dave Luneau
Merrimack County District 10 (Hopkinton and Ward 5 of Concord)
NH House of Representatives
Commerce and Consumer Affairs
facebook.com/dluneauNH

Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 157

BILL TITLE: relative to network adequacy and consumer rights under the managed care law.

DATE: May 17, 2017

LOB ROOM: 302

MOTIONS: **OUGHT TO PASS WITH AMENDMENT**

Moved by Rep. Luneau Seconded by Rep. Flanders AM Vote: 20-0

Amendment # 2017-1772h

Moved by Rep. Luneau Seconded by Rep. Biggie Vote: 20-0

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Valerie Fraser, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 157

BILL TITLE: relative to network adequacy and consumer rights under the managed care law.

DATE: 5-17-17

LOB ROOM: 302

MOTION: (Please check one box)

☑ OTP ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # 2017-1772 h *(if offered)*

Moved by Rep. Luneau Seconded by Rep. Flanders Vote: 20-0

MOTION: (Please check one box)

☐ OTP ☑ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. Luneau Seconded by Rep. Biggie Vote: 20-0

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

CONSENT CALENDAR: ✓ YES ____ NO

Minority Report? ______ Yes ______ No If yes, author, Rep: ______ Motion______

Respectfully submitted: Valerie Fraser
Rep Valerie Fraser, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2017 SESSION

1/10/2017 9:36:37 AM
Roll Call Committee Registers
Report

COMMERCE

Bill #: SB 157 Title: relative to network adequacy & consumer rights under the managed care law

PH Date: 5 / 10 / 17 Exec Session Date: 5 / 17 / 17

Motion: OTP Amendment #: 1772

MEMBER	YEAS	NAYS
Hunt, John B. Chariman	✓	
Biggie, Barbara Vice Chairman	✓	
Flanders, Donald H.	✓	
Belanger, Ronald J. D. Fields	✓	
Fraser, Valerie Clerk	✓	
Fromuth, Bart	—	
Sanborn, Laurie J.	✓	
Ferreira, Elizabeth	✓	
Osborne, Jason M.	✓	
Costable, Michael	✓	
Plumer, John R.	✓	
Schwaegler, Vicki	✓	
Butler, Edward A.	✓	
Gidge, Kenneth N.	✓	
Williams, Kermit R.	✓	
Abel, Richard M.	✓	
Luneau, David	✓	
McBeath, Rebecca	✓	
Bartlett, Christy D.	✓	
Fontneau, Timothy	✓	
Van Houten, Connie	✓	
TOTAL VOTE:	20	0

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2017 SESSION

1/10/2017 9:36:37 AM
Roll Call Committee Registers
Report

COMMERCE

Bill #: SB 157 Title: relative to network adequacy & consumer rights under the managed care laws.

PH Date: 5 / 10 / 17 Exec Session Date: 5 / 17 / 17

Motion: OTP - A Amendment #:

MEMBER	YEAS	NAYS
Hunt, John B. Chariman	✓	
Biggie, Barbara Vice Chairman	✓	
Flanders, Donald H.	✓	
Belanger, Ronald J. D. Fields	✓	
Fraser, Valerie Clerk	✓	
Fromuth, Bart		
Sanborn, Laurie J.	✓	
Ferreira, Elizabeth	✓	
Osborne, Jason M.	✓	
Costable, Michael	✓	
Plumer, John R.	✓	
Schwaegler, Vicki	✓	
Butler, Edward A.	✓	
Gidge, Kenneth N.	✓	
Williams, Kermit R.	✓	
Abel, Richard M.	✓	
Luneau, David	✓	
McBeath, Rebecca	✓	
Bartlett, Christy D.	✓	
Fontneau, Timothy	✓	
Van Houten, Connie	✓	
TOTAL VOTE:	20	0

Rep. Hunt, Ches. 11
May 15, 2017
2017-1772h
01/10

Amendment to SB 157

1 Amend RSA 420-J:7-e as inserted by section 2 of the bill by replacing it with the following:

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3 420-J:7-e Notice of Consumer Rights. A health carrier shall, at least annually, in a conspicuous
4 communication as approved by the commissioner which may be included as an insert in an annual
5 mailing or by electronic communication, notify each covered person of his or her consumer rights
6 under this chapter, including, but not limited to, appeal rights and the ability to access services out-
7 of-network in the event covered services are not available in-network. A health carrier shall also
8 notify covered persons of the right to access out-of-network services when the covered person
9 contacts the health carrier directly requesting assistance finding clinically appropriate in-network
10 care. A health carrier shall also provide notification to covered persons of their right to appeal
11 whenever a covered person contacts the health carrier regarding a denial of coverage or when a
12 health carrier verbally informs the covered person of the denial of coverage.

Sub-Committee Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on SB 157

BILL TITLE: relative to network adequacy and consumer rights under the managed care law.

DATE: May 16, 2017

Subcommittee Members: Reps. Bartlett, Luneau, Butler and Flanders

Comments and Recommendations: Amendment approved; all agree with OTP/A.

MOTIONS: **OUGHT TO PASS WITH AMENDMENT**

Moved by Rep. Luneau Seconded by Rep. Bartlett AM Vote: 4-0

Amendment # 2017-1772h

Moved by Rep. Luneau Seconded by Rep. Bartlett Vote: 4-0

R

espectfully submitted,

Rep. Donald Flanders
Subcommittee Chairman

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on SB 157

BILL TITLE: relative to network adequacy and consumer rights under the managed care law.

DATE:

Subcommittee Members: Reps. Hunt, Biggie, Flanders, R. Belanger, Fromuth, Sanborn, Ferreira, Osborne, Costable, Plumer, Schwaegler, Butler, Gidge, Williams, Abel, Luneau, McBeath, Bartlett, Fontneau, Van Houten and Fraser

Comments and Recommendations:

Amendment approved; all agree with OTPA

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. Luneau Seconded by Rep. Bartlett AM Vote: 4-0

Adoption of Amendment # 1772h

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

✓ Amendment Adopted ______ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. Luneau Seconded by Rep. Bartlett AM Vote: 4-0

Adoption of Amendment # ______

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

______ Amendment Adopted ______ Amendment Failed

Respectfully submitted,

Rep. [signature]
Subcommittee Chairman/Clerk

Rep. Hunt, Ches. 11
May 15, 2017
2017-1772h
01/10

Amendment to SB 157

1 Amend RSA 420-J:7-e as inserted by section 2 of the bill by replacing it with the following:

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11 whenever a covered person contacts the health carrier regarding a denial of coverage or when a
12 health carrier verbally informs the covered person of the denial of coverage.

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 157

BILL TITLE:	relative to network adequacy and consumer rights under the managed care law.
DATE:	May 10, 2017
LOB ROOM:	302

Time Public Hearing Called to Order: 10:03 a.m.

Time Adjourned: 11:14 a.m.

Committee Members: Reps. Hunt, Biggie, Flanders, R. Belanger, Fromuth, Sanborn, Ferreira, Osborne, Costable, Plumer, Schwaegler, Butler, Gidge, Williams, Abel, Luneau, McBeath, Bartlett, Fontneau, Van Houten and Fraser

Bill Sponsors:

Sen. Feltes	Sen. Fuller Clark	Sen. Hennessey
Sen. Kahn	Sen. Lasky	Sen. Soucy
Sen. Watters	Sen. Woodburn	Rep. Luneau
Rep. Williams	Rep. Butler	

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Sen. Dan Feltes, prime sponsor - Transparency of consumer rights; promise of parity. Treating those with mental health is on parity. This bill will make sense; insurance companies inform patients of their rights. Section 2: Will make it clear; network adequacy for those with substance abuse. Tufts has suggested an amendment. Bill is critical in providing rights to those with mental health issues.
Q: Rep David Luneau - Is there a Tufts amendment?
A: Amendment was rejected by Health & Human Services.

Q: Chairman John Hunt - "And" is problematic. Line 15. Next Tuesday at 9 am it will go to the Commerce & Consumer Affairs Committee (C&CA) subcommittee. C &CA writes good law that is clear; guaranteed that C&CA will address the amendment.
A: Sen. Feltes - No real argument other than the "and." Should also be informed of the right to appeal.
Q: Chairman Hunt - If they happen to be on the phone then the providers tell them they have the right of appeal.
A: Sen. Feltes -"And" can be confusing instead of "and" strike the "and" and put in something about a coverage denial"
Q: Chairman Hunt - (In concern with the limited time we have today.) We do not need to do this right now. Invites subcommittee to write and amend.

Q: Rep. Becky McBeath - On clarifying what the Tufts amendment added...Wouldn't it limit their responsibility? Wouldn't it limit their responsibility?
A: The Tufts amendment is deficient.

Q: Chairman Hunt - Is it true that an insurance company would do a denial on the phone at that time?
A: It is true that they will deny service. It's an "extra" sentence that they (the provider)can say on the phone.
Q: Believes that there would be an actual filing.
A: If you need an answer then the filing could take longer.

Rep. Ed Butler to Chairman Hunt - In regard to this amendment, wasn't this amendment passed by the Health & Human Services Committee (H&HS) without the amendment?
A: Yes, H&HS and passed the bill and voted down the amendment.

Chairman Hunt informs speakers that if you need to speak or comment on the bill to do so.

Tyler Brannen, NH Insurance Dept. - The NH Insurance Dept. is neutral on the bill. Strengths access is consistent with rules. The future rules are specific to "services". Will provide practical changes to the rules. Spoke in regard to network adequacy and notification.

Q: Rep. Rebecca McBeath - Are you aware now when they are not aware or notified of their rights?
A: ???

Q: Rep. Barbara Biggie - They usually check the website if it is network. Is there anything on the carrier's website about denial?
A: Probably not in a broad generalization; but can't say with confidence.
Q: Would you suggest they do it?
A: ???

Chairman Hunt - Assume that if you get a denial in a letter that you have the right of appeal.

Dr. Joseph Hannon, SOS Recovery Community & Hope on Haven Hill - Supports. Persons with substance disorder could/can have other co-occuring conditions.

Ken Norton, NAMI NH - Supports; see written testimony and handouts. Mental health crisis has tripled. The wait has increased and people are unable to get mental health services. There are extreme wait list which comes back to "network adequacy."

Q: Rep. David Luneau to Chairman Hunt - If the service in-network provider provides the service but it is unavailable could a patient go "out of network".
A: The bill should address the question.

Q: Rep. Richard Abel - If someone failed in this situation you are talking about, what remedy would there be?

A: Mr. Norton - Tell folks to go out of network.

Q: Rep. Biggie - Different behavior mental illness vs mental disorder?
A: No difference. Just depends on severity. Could also be long term disability and even terminal.

Q: Rep. McBeath - Concerning first part of bill..." ghost networks" could still be an issue. How will this clarify the "ghost networks" and asks and is this correct?

*<u>**Aaron Chalek, Tufts Health Freedom Plan**</u> - Opposes; see written testimony. Provide amendment to SB 157 simply trying to add. Argues that they are the resource. Bill may cause confusion even if you are calling about service then they would be still be liable.

Chairman Hunt - The "and" could just concern if they are only changing their address. The insurance company would still need to discuss the "denial."

Q: Rep. McBeath - What do you specifically not like?
A: Mr.Chalek - Too broad in scope.
Q: Is it a burden on you or consumer?
A: When a client calls for something else they could be further confused when there is a "denial." We believe the "denial" info is given to you efficiently.

<u>**John Ludice, MLAD/LICSW**</u> - Supports. Believes the system is in place and would not be a burden to add "the right to appeal," or look for "out-of-network benefits." Not asking too much to add "notifying the client".

*<u>**Courtney Tanner, NH Providers Assn.**</u> - Supports. If an individual is able to access services earlier it is more preventative.
Q: Rep. Able - ???
A: This is just an additional tool in a tool box.
Q: ???
A: Providers are there.

<u>**Heidi Kroll, AHIP**</u> - Neutral on bill. Here to provide context and background. Individuals are already informed through mailings and websites by the carriers. Rights, notification is not fresh and new. They wants to make sure that the info comes at the right time with the right information. Consumers are getting information from providers, insurance companies, handbooks, etc. SUD not specific in SUD and applies to all services.

<u>**Powen Hsu, FARNUM**</u> - Supports. Deficiencies in bill. The facilities are full (in network). If the patient is in network but the facility is not, then the facility is afraid they won't get paid by the network. Patients with substance abuse need facilities but some of these facilities do not have a license and yet the network needs to provide adequate access.

Q: Rep. David Luneau to Chairman Hunt - Do you feel that the language in this

bill addresses that?
A: Not sure. If we want to broaden it, would add another concept.

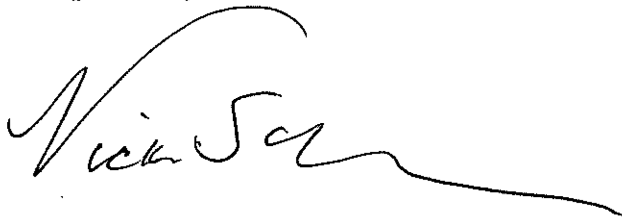
Q: Rep. McBeath - It's a question of "access". Would they be "allowed" to go out of network?
A: Chairman Hunt - This will go to subcommittee and they will address that issue.

*__Michele Merritt, New Futures__ - Supports; strong support. See written testimony. When needs are not being met then the patient goes out of network and becomes "self pay" until they can get services from an "in network" provider; those that are homeless and those without permanent address are at risk. Has concerns about the "Tufts" amendment.
Q: Did Tufts participate in any conversation prior to their amendment?
A: No.

__Lindsay Nadeau, Cigna__ - Opposes. Would like to work with subcommittee on notification.
Q: Rep. McBeath - Are you concerned with these with various conditions?
A: ???

Blue Sheet: 14 Pro; 0 Con

Respectfully Submitted:



Vicki Schwaegler, Acting Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 157

BILL TITLE: relative to network adequacy and consumer rights under the managed care law.

DATE:

ROOM: 302

Time Public Hearing Called to Order: 10:03AM

Time Adjourned: 11:14 AM

(please circle if present)

Committee Members: Reps. Hunt, Biggie, Flanders, R. Belanger, Fromuth, Sanborn, Ferreira, Osborne, Costable, Plumer, Schwaegler, Butler, Gidge, Williams, Abel, Luneau, McBeath, Bartlett, Fontneau, Van Houten and Fraser

Bill Sponsors:

Sen. Feltes	Sen. Fuller Clark	Sen. Hennessey
Sen. Kahn	Sen. Lasky	Sen. Soucy
Sen. Watters	Sen. Woodburn	Rep. Luneau
Rep. Williams	Rep. Butler	

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

10:03 OPPEN HEARING 157

(1) Senator Dan Felts / SD #15
Supports 157

Transparency of consumer rights
Promise of parity
Treating those w/ mental health is on parity.
~~That they can go 'out of plan'~~
This bill will make sure
- Insurance Co. INFORM ~~folks~~ patients of their rights.

Sec. 2.
Will make it clear)
Network adequacy for those w/ Substance abuse.

(Tufts has a suggested an Amendment.)

Bill is critical in providing rights to those w/

(24) ~~Rep. Lerean:~~

Question:
Is there a "Tufts" Amendment

Felts: Amendment was rejected by → H+HS (Health + Human Services)

Hunt: "And" is problematic.
Line "15"
Next Tues @ 9:00 to Subcommittee

C+BA ~~Bill~~ writes good law that is clear
- Guaranteed that C+BA will address the Amendment

Felts: No real argument other than the "AND"
Should also be informed of the right to appeal

Hunt: If they happen to be on the phone that they are
That the providers tells them that they have the right of appeal

Felts: "And" can be confusing
Instead of "AND" strike "And" & put about
" a coverage denial "

Hunt: Do not need to do this right now.
Invites subcommittee to write

McBeth:
Clarify tufts amend. added.
Would it limit their responsibility?

Fells: The tufts Amend. is deficient.

Hunts: Is it true that an Ins. co. would do a denial on the phone at that time?

Fells: It is true that they will ~~p~~ deny service.
It's an "extra" sentence that they can say on the phone

Hunt: Believes that there would be an actual filing

Fells: If you need an answer right away the filing could take longer.

Butler to Hunt: The bill was
This Amendment} ~~was~~ passed by H&HS w/o the Amendment.

Hunt: Passed the Bill & voted down the Amendment

Hunt: Informs speakers that if you
need to speak

(#2) Tyler Brannen / NH Insurance Dept
Neutral

- Strengthy access is consistent w/ rules
- The future rules are specific to "services"
Will provide "practicle" changes to the rules

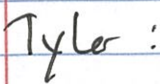
~~Typically tha~~ :
Spoke in regard to:
- Network adequacy

+ Notification:
~~Carriers~~

~~Hunt: If you~~

Q McBeth: Are you aware now when
they are not aware or
notified of their rights?

Tyler: ?



Q Biggie: They usually check the website
if it is network. Is there
anything on the carriers website
about denial?

Tyler: Probably not in a broad generalization
Can't say w/ conf.

Biggie: Would you suggest they do it

Tyler:

Hunt: Assume that if you get a denial in a letter that you have the right of appeal.

(#3) Dr. Joseph Hannon SOS Recovery Community Organ. Support + Hope on Haven N.V

Persons w/ substance disorder could/can have other co-occuring conditions.

-No questions asked-

(#4) ☆ Ken Norton NAMI [See literature + Testimony]

Mental health crisis has tripled.
The wait time has increased + people are unable to get mental health services.
Told of extreme wait lists.
Which comes back to Network adaquecy.
~~Fees~~
~~Services~~
~~These costs are~~

- Leneau Question to Chair Hunt
If a service in network provider but unavailable could a patient go "out of network"

> Hunt - The bill should address the question.

(3)

Q. Able - If someone faced the situation you are talking about
what remedy would there be

Norton - Tell folks to go out of network.

Byrne Diff. between Mental illness vs Mental Disorder

Norton - No difference. Just depends on severity.
Could also be long term disability and even terminal.

FIRST PART OF BILL

McBeth - Ghost networks could still be an issue.

Question about how this will clarify the "Ghost network" and asks if it is correct.

(#5) Aaron Chalek - Tufts Health Freedom Plan

* Written testimony.
* Provide Amendment to SB157

Simply trying to add

~~Argues th~~

Argues that they are the resource.

Bill may cause confusion even if you are calling about service then they are still would be

Hunt: The "AND"
concern if they are ~~still~~ only changing their address the Ins. Co. would still need to discuss the "Denial"

McBeth: What do you ~~see~~ specifically not like?

Chalek: Too broad in scope

McBeth: Is it a burden on you or consumer?

Chalek: When a client calls for something else

they could be further confused when there is a "denial"

We believe the "Denial" info is given to you eff.

~~McBeth~~:

---

(6) John Ludice, MLAD/LICSW
Support

Belives the system is in place and would not be a burden to add "the right to appeal" "or look for out-of-network benefits"
Not asking too much to add notifying the client.

---

(7) Courtney Tanner - NH Providers Ass'n.
Supports
* Written Test.

– If an indiv. is able to acess services earlier it is more preventative

Able: ~~Speaking~~

Tanner: Tool in a tool box

Able:

Tanner: Providers are there.

---

(8) Heidi Kroll - AHIP
Neutral

~~Hea~~ Reason
Here to provide context + background.
Individuals are already informed
thru mailings + websites by the carriers

~~Rights are outlined after a claim in~~

Rights, Notification is not fresh + new.

Wants to make sure that the info. comes
at the right time with the right info.

Consumers are getting info from providers,
[illegible]. handbooks, etc.

SUD -
Not specific in SUD - + applies to
all services.

(9) Power Hsu - FARNUM
supports

Deficiencies in bill
The facilities are full (in network)
· If not in network, the facilities may not be in network but are afraid they won't get paid.

Patients w/ sub. abuse some do not have dr. ~~lices~~ license + need to provide adequate acces.

Leneau - to Chair
Do you feel that the language in this bill address that.

Hunt - Not sure. If we want to broaden it, would add another concept.

McBeth - Question re access.
Would they be "allowed" to go out of network

Hunt - Will go to Sub committee.

(10)

Michele Merritt · New Futures
- Supports

Strong support.

* Written Testimony

When needs are not being met then the patient goes out of network and becomes 'self pay" until they can get services from an 'in network' provider.

(Homeless + those without permanent address ~~B~~)

~~Make sure that~~
Has concerns about the "Tufts" amendment

McBeth: Did Tufts participate in any conversation prior to their amendment.

Merritt: No

(11) Lindsay Nadeau - Cigna

Would like to work w/ Subcommittee on notification.

McBeth - Are you concerned w/ those w/ various conditions.

Blue Sheet Read.

11:14 AM Hearing Closed

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB 157 Date 5-10-17

Committee Commerce & CA

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Sen. Jeff Woodburn			SD #1	✓	
Sen Donna Soucy			SD #18	✓	
Sen Bette Lasky			SD # 13	✓	
Sen David Watters			SD #4	✓	
Sen Jay Kahn			SD #10	✓	
Sen Pollet Clark			SD#21	✓	
Rep John Fothergill			Coos 1	✓	
Travis Boucher			NHHA	✓	
Valerie Acres			NH Medical Society	✓	
Jennifer Riax APRN			Farnum Center	✓	
Dawen Hsu MD			Farnum Center	✓	
Roland Lavallee MD			Farnum Center	✓	
Kevin Wilkie			Farnum Center	✓	
Fmr. Rep. Eric R. Eastman			NASHUA, NH	✓	

Testimony

Aaron Chalek -
Tufts Health
Freedom Plan
OPPOSE THE BILL

Amendment to SB 157

1 Amend RSA 420-J:7-e as inserted by section 2 of the bill by replacing it with the following:

2 420-J:7-e Notice of Consumer Rights. A health carrier shall, at least annually, in a
3 conspicuous communication as approved by the commissioner which may be included as an
4 insert in an annual mailing or by electronic communication, notify each covered person of his
5 or her consumer rights under this chapter, including, but not limited to, appeal rights and the
6 ability to access services out-of-network in the event covered services are not available in-
7 network. A health carrier shall also notify covered persons of the right to access out-of-
8 network services when the covered person contacts the health carrier directly requesting
9 assistance finding clinically appropriate in-network care. A health carrier shall also provide
10 notification to covered persons of their right to appeal whenever a covered person contacts the
11 health carrier regarding a denial of coverage.

nami New Hampshire

National Alliance on Mental Illness

May 10, 2017

Honorable Chairman John Hunt
House Commerce and Consumer Affairs
Room 302 Legislative Office Building
33 N. State Street
Concord, NH 03301

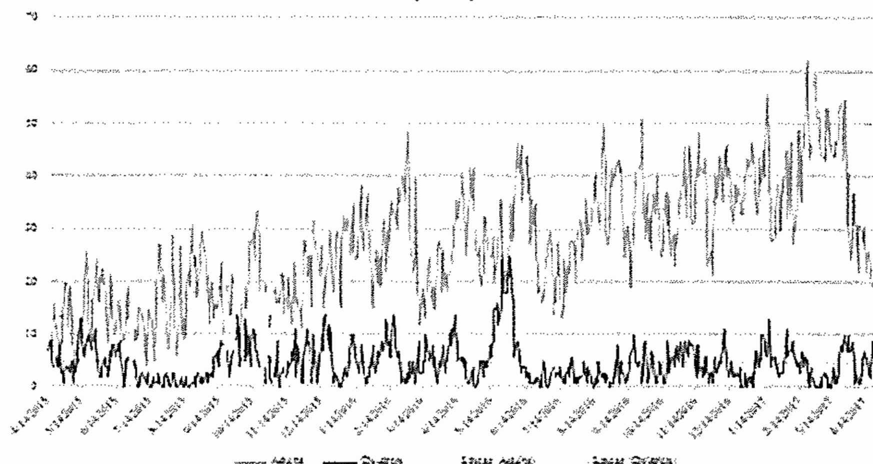
Dear Chairman Hunt and members of the Committee,

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance On Mental Illness. I also have several family members with a serious mental illness. On behalf of NAMI NH, I am here to speak in support of SB 157

NH is in the midst of a mental health crisis characterized by an inability to access timely mental health treatment. The most obvious symptom of this is the number of people in a mental health crisis being boarded in emergency departments waiting for inpatient treatment. Between April of 2015 and April of 2017 the number of people waiting on any given day had tripled with the average being over forty adults and four children. On one day in February of 2016, the number was 68. Timely access to outpatient treatment is also a critical part of the current crisis and likely a significant contributor to the emergency department boarding situation.

NHH Waiting List

April 14, 2015 - April 30, 2017
Data Compiled by NAMI NH



nami New Hampshire

As part of our move as a state to a Medicaid Managed Care model, network adequacy is an essential component of the managed care contracts and was a key determining factor in the decision to "go live" with managed care in New Hampshire. Network adequacy means that there is a sufficient number of health care providers, including mental health and substance use disorder providers within a certain distance from their homes. Managed care companies then contract with providers in order to insure that they have an adequate network of providers.

The challenge that has emerged is that providers become full or stop accepting new patients or have long waiting lists to be served. A colleague recently told me she called her local community mental health center to get an appointment for her 18 year old son who was depressed and anxious only to be told the first available appointment was in four months. At last week's Senate Finance Committee Public Hearing testimony was offered by the CEO of the Greater Manchester Mental Health Center that there are currently over 800 people on their waiting list for services. Many people call multiple providers within "the network" without being able to access timely care. Some then seek care out of network (from a provider who is not approved) which then results in the insurer refusing to pay for treatment because it is "out of network"

NAMI has tracked this issue nationally and during the past year completed a national survey and in November of 2016 issued a summary titled *"Out of Network, Out of Pocket, Out of Options"* *https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/Out-of-Network-Out-of-Pocket-Out-of-Options-The* which provided details about challenges accessing mental health care faced by consumers. One result of the survey were that people were much more likely to encounter difficulty accessing mental health or substance abuse treatment within their network than for physical disorders and subsequently many ended up paying for services out of their own pocket. Although the report found that the Medicaid recipients were slightly more likely than their privately insured counterparts to find in network care, there was still a considerable gap with compared to accessing health care for physical disorders. The report offered five recommendations including that consumers be fully reimbursed for the cost of out of network providers if they are unable to access appropriate care within their network. I have provided copies of the report along with my written testimony.

One of the biggest challenges with network adequacy is that consumers are not aware of their rights. When faced with a mental health crisis for themselves, a family member or a loved one, they will do whatever it takes to access timely treatment. SB 157 is proposed as a way of insuring that Medicaid Managed Care recipients are informed of their rights for treatment to be paid for if they have tried and been unable to access treatment within their network.

On behalf of NAMI NH I ask that you vote SB 157 as ought to pass. Thank you for your time and consideration.

Respectfully,

Kenneth Norton LICSW
Executive Director

May 10, 2017

House Commerce Committee
Legislative Office Building, Room 302
33 North State Street
Concord, NH 03301

Re: Support for SB 157- *Relative to Network Adequacy and Consumer Rights under the Managed Care Law*

Dear Chairman Hunt and Honorable Committee Members:

New Futures strongly supports SB 157, as amended by the Senate, which modifies RSA 420-J: 7, II (b) to clearly identify individuals with substance use disorder as a population requiring timely access to specialty care services. SB 157 also includes a critical addition to NH's managed care law, requiring carriers to notify consumers of their right to appeal a denial, as well as their right to access services out-of-network in the event a covered service is not available in-network without unreasonable delay. If passed, SB 157 will undoubtedly increase consumer awareness of their rights and improve access to critical behavioral health services.

Under current NH Law and Insurance Rules, health insurance carriers must "maintain a network sufficient in numbers, types, and geographic location of providers to ensure that all services to covered persons will be accessible *without unreasonable delay*."[1] In the event a covered person is unable to access treatment from an in-network provider in a timely manner, the carrier has an existing obligation under Ins 2701.04 (e) to cover services provided by out-of-network providers at no greater cost to the beneficiary.[2]

Unfortunately, the right to reasonable and timely access to care is not well-known among beneficiaries or behavioral health providers. During New Futures' recent series of community presentations on the *Resource Guide for Addiction and Mental Health Care Consumers,*[3] this lack of knowledge became increasingly apparent. For the majority of consumers, the first step to locating covered treatment is to call their health insurance carrier. During these calls, consumers are often given a list of approved in-network providers, but are not informed of their right access out-of-network services in the event in-network providers are unable to provide treatment in a timely manner. This results in many consumers unnecessarily waiting weeks for needed (and approved) treatment services or forgoing their coverage for self-pay providers, at extremely high costs.

SB 157 does not impose any new obligations for insurance carriers to cover services; it merely requires carriers to notify consumers of their *existing* rights under the managed care law.

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[1] NH Rev Stat § 420-J:7 (2015)

[2] Ins 2701.04 (e) "(e) In any county or hospital service area in which compliance with Ins 2701.04(a) is required and in which a health carrier's network is insufficient to meet one of the access standards in Ins 2701.06 and in which the carrier has not been granted an exception pursuant to Ins 2701.06(e), *the health carrier shall cover services provided by a non-participating provider located within the applicable geographic area at no greater cost to the covered person than if the services were obtained from a participating provider.*"

[3] http://new-futures.org/NavigatingTreatmentGuide

SB 157 also includes a critical *verbal* notification of appeal rights, which would apply whenever a consumer calls their carrier regarding treatment services that have been denied. SB 157 recognizes that many consumers struggling with behavioral health conditions lack, not only a permanent home address to receive a mailed denial letter, but also the sophistication to understand a denial letter's contents. Given the fact that most consumers call their carrier directly for assistance connecting to services, a verbal notification of appeal rights is an effective and common sense solution to ensuring adequate consumer education.

If passed, New Futures believes SB 157 will help to inform consumers of their rights and out-of-network treatment options; removing a significant barrier to timely access to treatment for individuals with behavioral health conditions. For the reasons cite above, New Futures *strongly supports* SB 157 and encourages the Committee to vote SB 157 Ought to Pass.

Sincerely,

Michele D. Merritt, Esq.
Senior Vice President/ Policy Director
New Futures

May 10, 2017

John Hunt, Chair
House Commerce Committee
107 North Main Street
Concord, NH 03301

Re: SB 157 – relative to network adequacy and consumer rights under the managed care law

Chairman Hunt and Honorable Members of the Committee,

The NH Providers Association represents over 100 providers in the substance use disorder and behavioral health professions. The NH Providers Association works to advance prevention, treatment, and recovery efforts for substance use disorders.

The NH Providers Association support passage of SB 157 for the following reasons:

Clear communication of benefits and consumer rights will allow a patient to decrease levels of care and therefore drive costs down.

Health coverage consumers are turning to their health benefits to identify various levels of treatment, including individual psychotherapy and group counseling. When an individual is unable to access timely treatment, the individual is at risk of eventually need a higher level of care in the short term. We have heard from consumers that when they call their plans to find an individual therapist, many of the in-network providers have either carved specific treatment out of their practice, such as substance use disorder, retired, or passed away. SB 157 would ensure the consumer was aware of their right to look out of network for a competent provider. When a consumer can timely access lower levels of care, the risk of needing higher levels of care is decreased.

Successful navigation of health coverage is essential to combating the opioid crisis.

Substance use disorders, including opioid use disorder, are chronic diseases. Much like any other chronic disease, when an individual is symptomatic they seek a competent clinician, are assessed by the clinician and are referred to the proper treatment for that disease. Substance use disorder requires a proper assessment and an appropriate treatment plan. In order to access this care, an individual must be able to successfully navigate their health coverage. SB 157 will provide more tools in the consumer's tool box as they attempt to tackle their substance use disorder.

The NH Providers Association urges the committee to recommend OTP for SB 157.

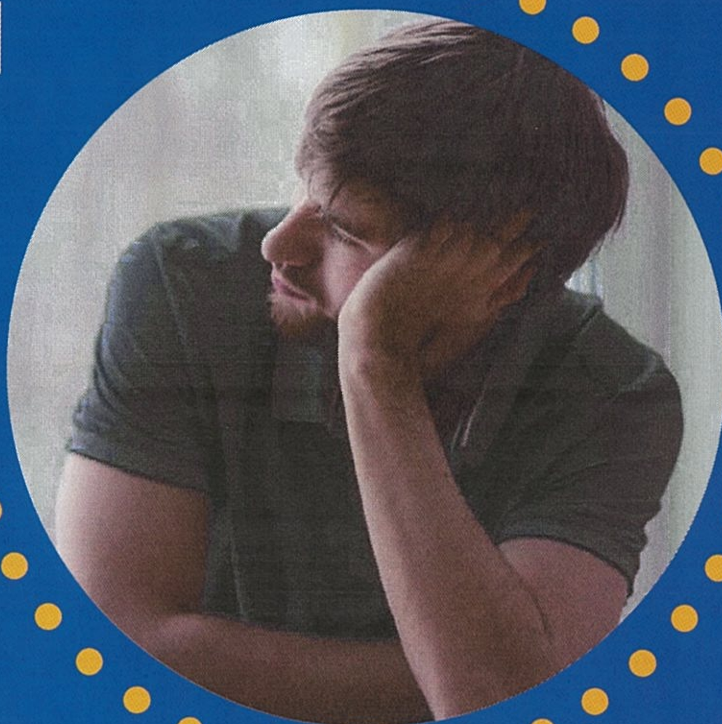
Thank you,

Courtney Tanner, JD/MSW
Executive Director

Courtney@nhproviders.org 603-225-9540 ext. 113

Out-of-Network, Out-of-Pocket, Out-of-Options

The Unfulfilled Promise of Parity



NAMI

National Alliance on Mental Illness

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About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

This report was prepared by NAMI staff including Dania Douglas, Sita Diehl, Ron Honberg and Angela Kimball. For survey data analysis, NAMI expresses sincere gratitude to Deb Medoff, Ph.D., from the University of Maryland School of Medicine, Department of Psychiatry. We also thank policy interns Kayla Prince, Elena Schatell, Krystal Canare and Katharine Carter for assistance with the survey and data analysis. This report is made possible by the leadership of Mary Giliberti, Chief Executive Officer. We deeply appreciate the 3,081 individuals and family members affected by mental health or substance use conditions who responded to the survey, sharing their experience of health insurance coverage.

This report was made possible by support from Otsuka America Pharmaceutical and other generous donors.

www.nami.org

NAMI HelpLine: 800-950-NAMI (6264)
Twitter: @NAMICommunicate
Facebook: facebook.com/NAMI

NAMI 3803 N. Fairfax Drive, Suite 100 Arlington, VA 22203

INTRODUCTION

> *"I don't even try to use mental health benefits anymore provided by my insurance company. It requires pre-authorization by one of their providers. My psychiatrist isn't in any network. I have been going to her for over 20 years. She is part of the reason I'm still on this earth. I spend roughly $175/month to see her, and it's worth it. I would spend less money on food, if I had to, rather than stop seeing her."*

For many Americans, finding quality, affordable mental health care is like navigating an obstacle course. High costs, difficulty finding providers and attempting to understand insurance documents can make accessing mental health care difficult for many, and impossible for some.

In 2014, NAMI issued a report, "A Long Road Ahead: Achieving True Parity in Mental Health and Substance Use Care," which described the results of a survey on the experiences of people with mental health conditions and their families with private health insurance. The survey revealed that, despite the requirements of federal parity legislation, people encountered significant barriers to receiving services.

NAMI updated the survey in 2015 and found that people were continuing to confront these obstacles to care. *Out-of-Network, Out-of-Pocket, Out-of-Options* highlights the findings of this survey, which echoes the same truth about the status of mental health parity: we're not there yet.

SURVEY DESCRIPTION

NAMI conducted an online survey in winter 2015 to answer the question, "What do insurance beneficiaries experience when they seek mental health care?" The survey drew responses from 3,081 individuals. To be eligible, a person had to have either private health insurance or public health coverage, such as Medicaid. Respondents were asked a series of questions elicit information about their experiences accessing care for mental health and substance use disorders relative to their experiences accessing care for primary and specialty medical care.

Survey respondents could answer for themselves or for another person for whom they could provide reliable information. The majority of people responded for themselves (61.1%) or their child (30.9%). Of the respondents, 65% were female, 87% were Caucasian and 44.5% were ages 26–49. Incomes were low: 65.8% earned less than $25,000, and 40% were working full or part-time.

SURVEY FINDINGS

Consistent with nationally-reported trends, NAMI's survey found that people with insurance had more difficulty locating in-network providers and facilities for mental health care compared to general or specialty medical care. This was true of both inpatient mental health care (hospitals and residential facilities) and outpatient mental health care (therapists and prescribers of mental health medications). Because out-of-network providers were often the only reasonable option, many respondents incurred greater costs for mental health compared to other types of specialty medical care.

Outpatient Mental Health Care

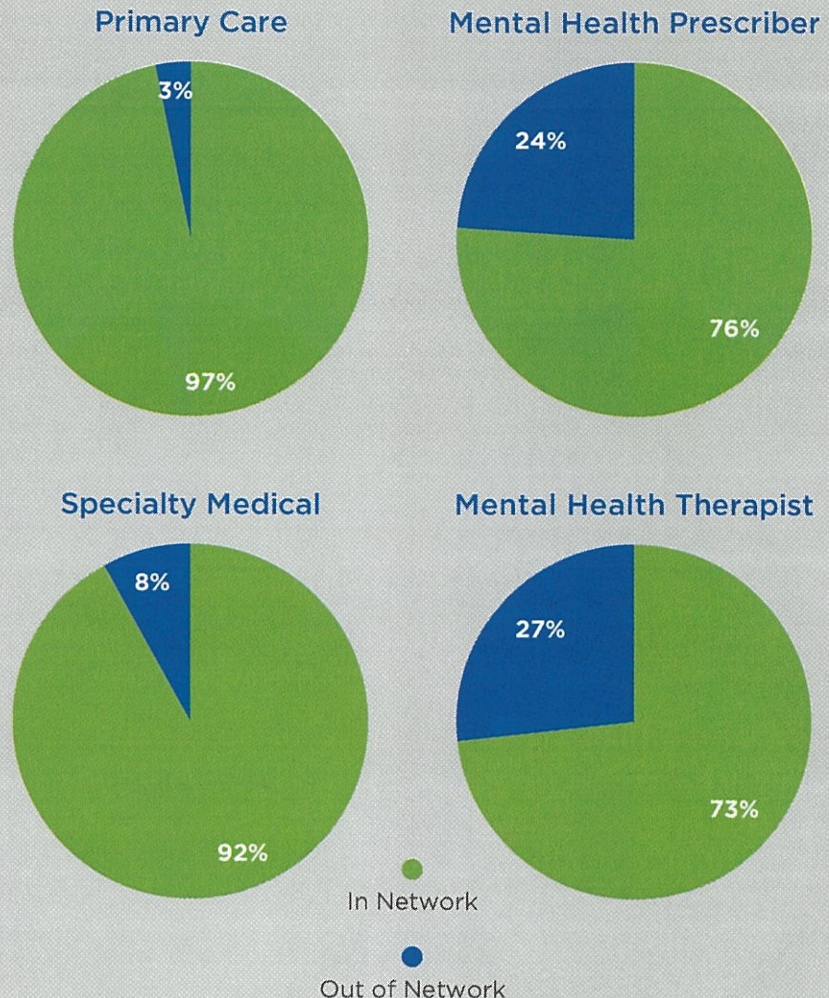
Survey results showed that people were far less likely to find or use an in-network mental health provider compared to other types of medical specialists. For the purposes of the study, outpatient mental health providers included mental health prescribers (psychiatrists and other practitioners who prescribe mental health medications) and mental health therapists (therapists and counselors). These results are consistent with other studies, which found that people have particular difficulty finding in-network psychiatrists.[3] The results showed that the difficulty in finding in-network mental health providers also extended to other mental health professionals, such as psychologists and social workers.

In-Network Mental Health Therapists

Three out of four (73%) respondents reported that they had an in-network mental health therapist, whereas nine out of 10 (91%) reported that they had an in-network medical specialist. This means that one in four respondents did not have a mental health therapist in their health plan's network, while only one in 10 did not have an in-network medical specialist. In addition, respondents were about 80% more likely to report having difficulty finding a therapist who would accept their insurance (32%) compared to other types of specialty medical care (18%).

In-Network Mental Health Prescribers

Results for finding in-network mental health prescribers were very similar to results for therapists. Among respondents, 76% had an in-network mental health prescriber compared to 91% having an in-network medical specialist. In other words, about one in four respondents did *not* have a mental health prescriber covered by their plan's network, while only one in 10 did not have an in-network medical specialist. Survey participants were about 70% more likely to report having difficulty finding a prescriber who would accept their insurance (30%) compared other types of specialty medical care (18%).



"The majority of the mental health professionals in my area do not participate in any insurance plans. The in-network providers do not have the same level of quality. My insurance plan has an $8,000 deductible for out-of-network benefits. The psychiatrist charges $215 and the insurance reimburses $60 because that is what they determine to be a Usual and Customary Reasonable (UCR) rate. We have depleted our savings and incurred much debt to get the quality mental health care we need."

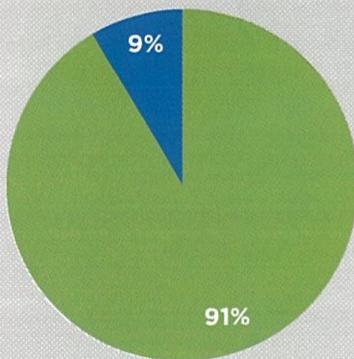
Inpatient Mental Health Care

Survey respondents were also more likely to go out-of-network and incur high expenses for psychiatric hospital care and psychiatric residential treatment than for hospital care to treat other medical conditions. Psychiatric hospitals include state-operated psychiatric hospitals, private free-standing psychiatric hospitals and psychiatric units within general hospitals.

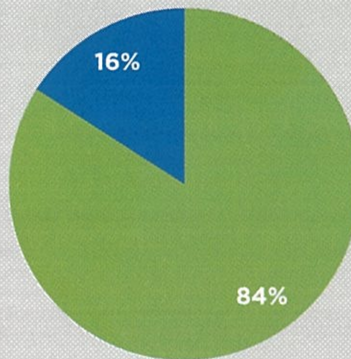
Inpatient Networks

Percentage of respondents who received care in in-network facilities vs. out-of-network facilities

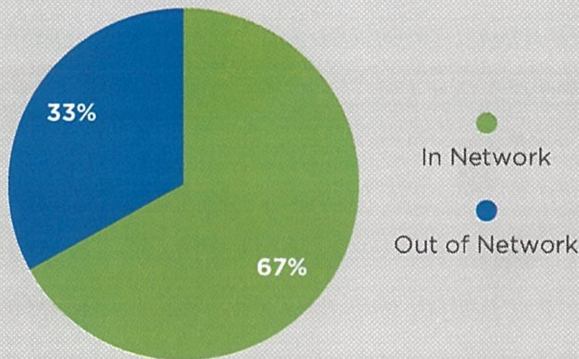
General Hospital



Psychiatric Hospital



Residential Mental Health Facility



In Network

Out of Network

In-Network Inpatient Mental Health Care

The study showed that only 87% of people needing psychiatric hospitalization (inpatient care) received treatment in an in-network psychiatric hospital, while 92% of people needing hospitalization for other medical conditions were able to receive services in an in-network hospital. In addition, people were more than twice as likely to have trouble finding a psychiatric hospital that would accept their insurance (19%) compared to other types of hospital care (8%).

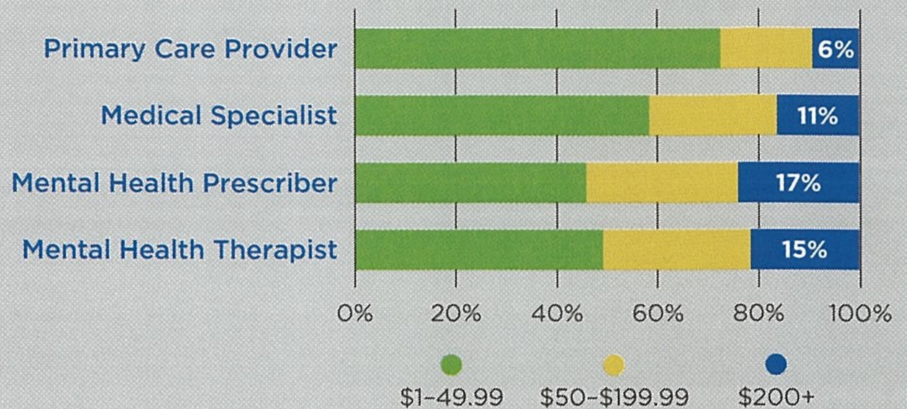
In-Network Residential Mental Health Care

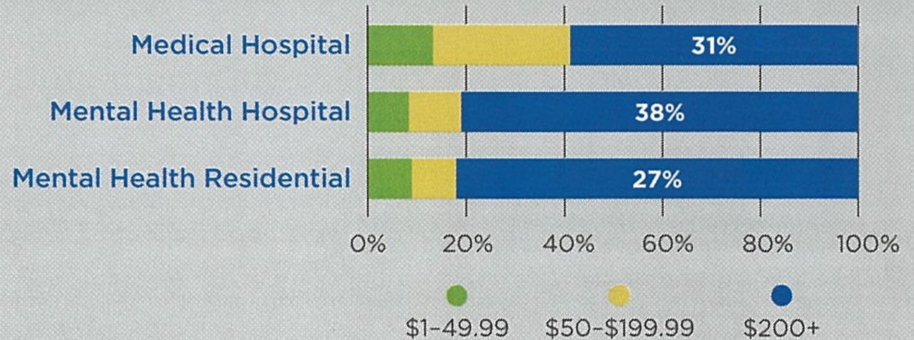
Residential mental health care involves treatment in a facility for people who need more intensive services, but who do not meet criteria for hospital care. Survey respondents had even more trouble finding in-network residential mental health treatment than psychiatric hospital care. They were far less likely to use in-network residential mental health facilities (67%) compared to other types of inpatient medical care (92%). This means that one in three respondents did not receive care in an in-network residential mental health facility, and one in four had difficulty finding one that would accept their insurance.

Out-of-Pocket Costs

Survey respondents faced greater out-of-pocket costs (costs not covered by insurance) for outpatient and inpatient mental health care than for other types of specialty medical care. This result is not surprising given the difficulty respondents faced in finding in-network mental health care. However, it is particularly concerning that out-of-pocket costs were significantly higher for both mental health prescribers and therapists compared to medical specialty care. There were no significant differences in out-of-pocket costs between respondents with private insurance compared to respondents with Medicaid.

Out-of-pocket costs for psychiatric hospital stays and residential mental health care were much higher than out-of-pocket costs for hospital care for other types of medical conditions. Eight in 10 respondents had out-of-pocket costs of over $200 for psychiatric hospital or residential mental health care compared to fewer than six in 10 for general hospital care. There were no significant differences in out-of-pocket costs between private insurance and Medicaid.





Medicaid

Medicaid recipients were more likely to have an in-network mental health prescriber or therapist than those with private insurance. Medicaid recipients were also more likely to use an in-network psychiatric hospital or residential treatment versus out-of-network facilities. These results run counter to the common perception that private insurance provides more readily-available in-network care than state Medicaid programs.[4]

Provider or Service	Medicaid In-Network Rate	Private Insurance In-Network Rate
Mental health prescriber	86%	70%
Mental health therapist	82%	68%
Psychiatric hospital	88%	80%
Residential mental health	80%	57%

DISCUSSION

With passage of the Affordable Care Act and the decision by 32 states (including the District of Columbia) to expand Medicaid, millions of Americans who previously had no health insurance now have access to health coverage. Combined with the federal parity law requirements, Americans should have better access to mental health care than at any time in history. Yet, studies have consistently shown that, despite improvements, people with mental health conditions who have health insurance still struggle to find mental health providers and services in their health plan networks.

One reason for the difficulty finding in-network mental health care is the critical nationwide shortage of mental health professionals, including psychiatrists and licensed therapists.[5] In 2012, there were 3,669 Mental Health Professional Shortage Areas (HPSAs) containing almost 91 million people. At least 1,846 psychiatrists and 5,931 other practitioners would be needed to fill the gap.[6] Shortages are most severe for specialties such as children's mental health, in rural areas and underserved communities.[7]

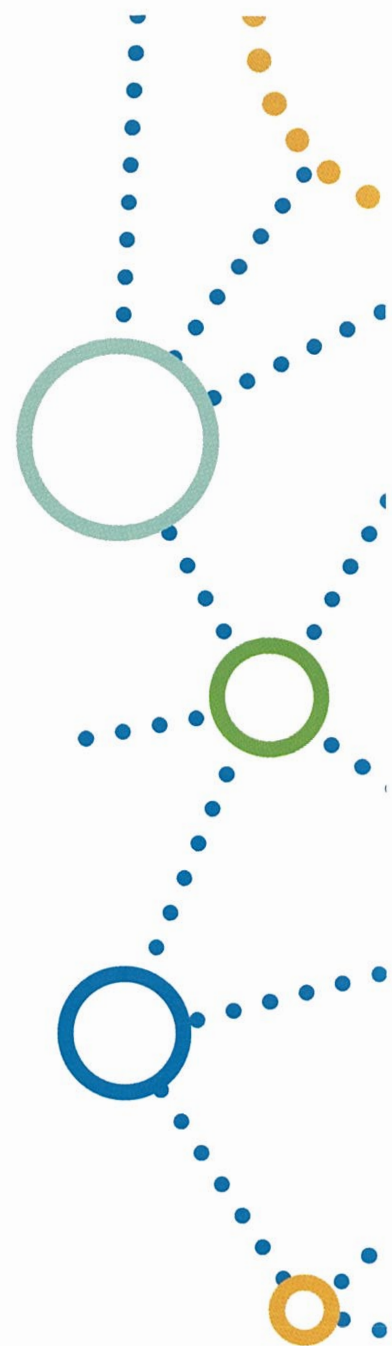
Adding to the problem, many mental health providers—particularly psychiatrists—do not accept health insurance. A recent study published in the Journal of the American Medical Association found that only 55% of the nation's psychiatrists accepted insurance compared with 88% of physicians in other medical specialties.[8]

Mental health providers often cite low reimbursement rates and heavy administrative burden as the main reasons they have chosen not to participate in health plans.[9] Mental health providers spend more time with a patient than a typical primary care practitioner (PCP) or other medical specialist. In addition, mental health providers often operate small or solo practices, which leaves many without the infrastructure to complete paperwork and negotiate treatment authorization with insurance personnel.[10]

Another significant contributing factor is that insured individuals appear to be having difficulty finding accurate information about participating providers in their health insurance plans.

"[My relative] has had terrible trouble finding a psychiatrist in our community. He has been traveling 50 miles each way to see a psychiatrist. The wait lists for all psychiatrists locally are between six months and two years."

"I have a psychiatrist who also handles my psychotherapy. Insurance will only reimburse him $75 for an hour of services. He is out-of-network—he has to be—at $225 an hour. My current insurance has no deductible limit on out-of-network services. I have to pay 100% and have had to cut back on psychiatry visits. This has caused a lot of problems and threatens my ability to maintain my job."



Survey respondents complained about making multiple calls only to discover that the health plan directory listed providers who were no longer practicing, were deceased or did not accept their health plan. In addition, callers often found that practitioners were not accepting new patients, or the first available appointment was weeks or even months out.

Secret shopper surveys and reports show that insurance networks are failing to keep up-to-date, comprehensive provider directories.[11] Finding mental health care while experiencing symptoms is difficult enough. Making phone calls to non-working numbers or providers who are no longer practicing further delays care. In addition, frequent changes in provider networks can lead to disruptions in care, confusion and unexpected medical bills.

Some positive efforts are underway to require health plans to maintain accurate provider directories. For example, the California Insurance Commissioner issued regulations[12] to strengthen mental health provider network requirements, appointment wait time criteria and provider directory standards. A provision in these regulations requires health plans to apply in-network costs to consumers for out-of-network care when in-network providers are not available. Maryland has also recently enacted legislation to strengthen network adequacy and provider directory standards.[13]

RECOMMENDATIONS

Health plans are responsible to maintain provider networks sufficient to deliver care for plan enrollees, yet survey respondents had greater difficulty finding an in-network mental health provider in their community than for other medical care. Many were forced to pay higher out-of-pocket costs or to travel long distances for care. To address disparities in accessing mental health care, NAMI recommends the following:

1. **Maintain accurate, up-to-date directories.** America's Health Insurance Plans is testing a "one-stop" method to update provider directories on behalf of all health plans in a given state. Providers are contacted quarterly to verify their directory listing. If there are any changes, providers can update their information for all insurers through a single portal rather than having to report to each plan separately.[14] Health plans should adopt this method or other measures to ensure they maintain up-to-date directories.

   Recent regulations allow the Centers for Medicare and Medicaid Services to fine some types of health plans[15] for provider directory errors. An increasing number of states—including California, Maryland, Illinois and New York—require insurers to update provider directories at frequent intervals. States should adopt these accountability measures throughout the country.

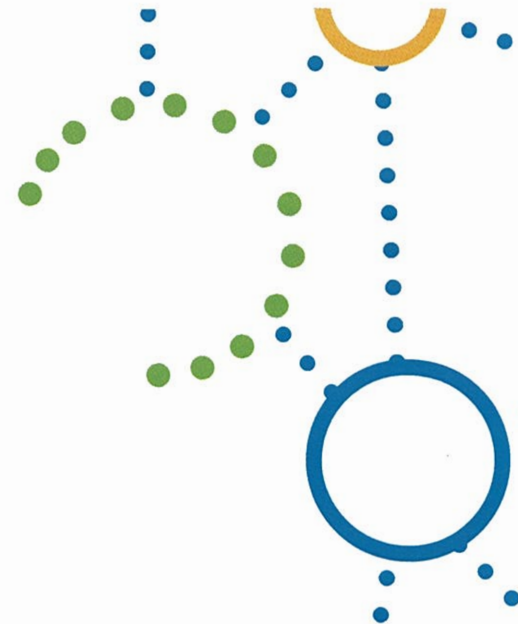
2. **Provide easy-to-understand information about mental health benefits.** Health plans should provide detailed and user-friendly information about covered mental health and substance use services, prescription drug coverage, treatment limitations and exclusions and out-of-pocket costs. Information should be available to consumers prior to purchasing or enrolling in a health plan, when re-enrolling and upon demand.

3. **Promote integration of care.** Health plans should promote integration of mental health and primary care to expand availability of mental health care, including covering psychiatric consultation to primary care providers, peer professional training and telehealth technology to deliver mental health care.

4. **Expand provider mental health networks.** Health plans should set provider reimbursement rates for mental health and substance use care that cover the cost of doing business and are sufficient to attract qualified professionals to provider panels. Additionally, administrative requirements should be streamlined and simplified and loan forgiveness programs and other incentives adopted to motivate practitioners to enter mental health fields and practice in underserved areas.

5. **Cover out-of-network care to fill provider gaps.** Health plans should be required to cover the full cost for medically necessary mental health care provided by an out-of-network provider when no appropriate in-network provider is available or accessible.

CONCLUSION



Despite the federal parity law, the promise of parity remains elusive. Consumers continue to face significant challenges finding a provider, getting an appointment and paying the bill for mental health care compared to other types of specialty medical care. For the sake of millions of children and adults affected by mental health conditions, NAMI calls on health plans—and state and federal lawmakers—to address these disparities and improve access to quality, affordable mental health care.

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Bill as Introduced

SB 157 - AS AMENDED BY THE SENATE

03/29/2017 1042s
03/29/2017 1174s

2017 SESSION

17-0968
01/10

SENATE BILL ***157***

AN ACT relative to network adequacy and consumer rights under the managed care law.

SPONSORS: Sen. Feltes, Dist 15; Sen. Fuller Clark, Dist 21; Sen. Hennessey, Dist 5; Sen. Kahn, Dist 10; Sen. Lasky, Dist 13; Sen. Soucy, Dist 18; Sen. Watters, Dist 4; Sen. Woodburn, Dist 1; Rep. Luneau, Merr. 10; Rep. Williams, Hills. 4; Rep. Butler, Carr. 7

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill adds rulemaking for persons with substance use disorder for the purposes of the managed care law. This bill also requires health carriers to notify covered persons of their consumer rights under RSA 420-J.

- -

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.

SB 157 - AS AMENDED BY THE SENATE

03/29/2017 1042s
03/29/2017 1174s

17-0968
01/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Seventeen

AN ACT relative to network adequacy and consumer rights under the managed care law.

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

1 1 Managed Care Law; Network Adequacy. Amend RSA 420-J:7, II(b) to read as follows:
2 (b) Choice of and access to providers for specialty care, specifically addressing the needs
3 of the chronically ill, mentally ill, ***persons with substance use disorder,*** developmentally disabled
4 or those with a life threatening illness.
5 2 New Section; Notice of Consumer Rights. Amend RSA 420-J by inserting after section 7-d the
6 following new section:
7 420-J:7-e Notice of Consumer Rights. A health carrier shall, at least annually, in a conspicuous
8 communication as approved by the commissioner which may be included as an insert in an annual
9 mailing or by electronic communication, notify each covered person of his or her consumer rights
10 under this chapter, including, but not limited to, appeal rights and the ability to access services out-
11 of-network in the event covered services are not available in-network. A health carrier shall also
12 notify covered persons of the right to access out-of-network services when the covered person
13 contacts the health carrier directly requesting assistance finding clinically appropriate in-network
14 care. A health carrier shall also provide notification to covered persons of their right to appeal
15 whenever a covered person contacts the health carrier and coverage has been denied.
16 3 Effective Date. This act shall take effect January 1, 2018.