

LEGISLATIVE COMMITTEE MINUTES

HB1622

Bill as
Introduced

HB 1622-FN - AS AMENDED BY THE HOUSE

16Feb2022... 0450h

2022 SESSION

22-2725

05/04

HOUSE BILL **1622-FN**

AN ACT relative to notice that a health care provider is no longer accepting new patients and relative to mental health parity.

SPONSORS: Rep. Luneau, Merr. 10; Rep. Bartlett, Merr. 19; Rep. Knirk, Carr. 3; Rep. Ladd, Graf. 4; Sen. Whitley, Dist 15; Sen. Sherman, Dist 24

COMMITTEE: Commerce and Consumer Affairs

AMENDED ANALYSIS

This bill requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients. The bill also requires coverage for biologically-based mental illness to meet the access standards in RSA 420-J:7.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struck through]~~.
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 1622-FN - AS AMENDED BY THE HOUSE

16Feb2022... 0450h

22-2725
05/04

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to notice that a health care provider is no longer accepting new patients
and relative to mental health parity.

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

1 1 Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8 by inserting after
2 paragraph XVII the following new paragraph:

3 XVIII. Every contract entered into after September 1, 2022 between a health carrier and any
4 health care provider shall contain a provision that requires the health care provider to notify the
5 carrier when the health care provider is no longer accepting new patients. Notification shall take
6 place no more than 30 days after the date the health care provider is no longer accepting new
7 patients.

8

9 2 Coverage for Certain Biologically-Based Mental Illnesses. Amend RSA 417-E:1, II to read as
10 follows:

11 II. Notwithstanding any other provision of law, each insurer that issues or renews any
12 policy of accident or health insurance and each nonprofit health service corporation under RSA 420-
13 A and health maintenance organization under RSA 420-B providing benefits for disease or sickness
14 in the state of New Hampshire shall provide benefits for treatment and diagnosis of certain
15 biologically-based mental illnesses under ~~[the same]~~ **access standards established in RSA 420-**
16 **J:7, and under** terms and conditions ~~[and]~~ which are no less extensive than **the** coverage provided
17 for any other type of health care for physical illness.

18 3 Effective Date. This act shall take effect January 1, 2023.

LBA
22-2725
Revised 4/8/22
Amended 3/11/22

HB 1622-FN- FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT #2022-0450h)

AN ACT relative to mental health parity.

FISCAL IMPACT: ☐ State ☐ County ☐ Local ☒ None

METHODOLOGY:

The Insurance Department and the Department of Health and Human Services state this bill will have no fiscal impact.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

CHAPTER 84
HB 1622-FN - FINAL VERSION

16Feb2022... 0450h

2022 SESSION

22-2725
05/04

HOUSE BILL

1622-FN

AN ACT

relative to notice that a health care provider is no longer accepting new patients and relative to mental health parity.

SPONSORS:

Rep. Luneau, Merr. 10; Rep. Bartlett, Merr. 19; Rep. Knirk, Carr. 3; Rep. Ladd, Graf. 4; Sen. Whitley, Dist 15; Sen. Sherman, Dist 24

COMMITTEE:

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This bill requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients. The bill also requires coverage for biologically-based mental illness to meet the access standards in RSA 420-J:7.

Explanation:

Matter added to current law appears in ***bold italics***.

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

CHAPTER 84
HB 1622-FN - FINAL VERSION

16Feb2022... 0450h

22-2725
05/04

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to notice that a health care provider is no longer accepting new patients and
relative to mental health parity.

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

1 84:1 Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8 by inserting after
2 paragraph XVII the following new paragraph:

3 XVIII. Every contract entered into after September 1, 2022 between a health carrier and any
4 health care provider shall contain a provision that requires the health care provider to notify the carrier
5 when the health care provider is no longer accepting new patients. Notification shall take place no more
6 than 30 days after the date the health care provider is no longer accepting new patients.

7 84:2 Coverage for Certain Biologically-Based Mental Illnesses. Amend RSA 417-E:1, II to read as
8 follows:

9 II. Notwithstanding any other provision of law, each insurer that issues or renews any policy of
10 accident or health insurance and each nonprofit health service corporation under RSA 420-A and health
11 maintenance organization under RSA 420-B providing benefits for disease or sickness in the state of New
12 Hampshire shall provide benefits for treatment and diagnosis of certain biologically-based mental
13 illnesses under ~~[the same]~~ ***access standards established in RSA 420-J:7, and under*** terms and conditions
14 ~~[and]~~ which are no less extensive than ~~the~~ coverage provided for any other type of health care for physical
15 illness.

16 84:3 Effective Date. This act shall take effect January 1, 2023.

Approved: May 20, 2022
Effective Date: January 01, 2023

Committee Minutes

SENATE CALENDAR NOTICE

Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avard, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: April 7, 2022

HEARINGS

Thursday		04/14/2022
(Day)		(Date)
Health and Human Services	State House Reps Hall	10:00 a.m.
(Name of Committee)	(Place)	(Time)
Note: The committee will meet at 10:00 a.m. or 15 minutes following the end of Session.		
10:00 a.m.	HB 1526-FN	relative to income eligibility for in and out medical assistance.
10:20 a.m.	HB 1608-FN	relative to withdrawal from the state immunization registry.
10:40 a.m.	HB 1662-FN	related to privacy obligations of the department of health and human services.
11:00 a.m.	HB 1622-FN	relative to mental health parity.
11:20 a.m.	HB 1604-FN	including state medical facilities in the statute providing medical freedom in immunizations.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 1526-FN

Rep. Snow
Rep. Langley

HB 1608-FN

Rep. Prout

HB 1662-FN

Rep. Edwards
Rep. B. Nelson

HB 1622-FN

Rep. Luneau
Sen. Whitley

HB 1604-FN

Rep. Cushman
Rep. Torosian

Rep. Schapiro
Rep. Wallner

Rep. Blasek

Rep. M. Pearson
Rep. Lang

Rep. Bartlett
Sen. Sherman

Rep. Blasek

Rep. McMahon
Sen. Rosenwald

Rep. T. Lekas

Rep. Salloway
Sen. Giuda

Rep. Knirk

Rep. Roy

Rep. Marsh
Sen. Sherman

Rep. Lanzara

Rep. McMahon
Sen. Gray

Rep. Ladd

Rep. Pauer

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

HB 1622-FN, relative to mental health parity.

Hearing Date: April 14, 2022

Time Opened: 11:31 a.m.

Time Closed: 11:57 a.m.

Members of the Committee Present: Senators Bradley, Sherman and Whitley

Members of the Committee Absent: Senators Gray and Avar

Bill Analysis: This bill requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients. The bill also requires coverage for biologically-based mental illness to meet the access standards in RSA 420-J:7.

Sponsors:

Rep. Luneau

Rep. Bartlett

Rep. Knirk

Rep. Ladd

Sen. Whitley

Sen. Sherman

Who supports the bill: Holly Stevens, Jake Berry (New Futures), Anena Hansen, Representative David Luneau (Merrimack County District 10), Heidi Kroll, Cybele Greir, Margery Phillips, Normand Houle, Marjorie Matthews, Joline Manseau, Jill Sinclair, Terri Clyde, Margaret Keeler, Kim Marie Fudge, Laurie Koch, Miriam Cahill-Yeaton, Susan Richman, Ruth Perencevish, Pam Baucom, Vanessa Blais, Allison Pinski, Andrew Jones, Gary Devore, Dana Dahl, Kent Hackermann, Patricia Martin, Lyn Lindpaintner, Clarence Skidmore, Jeanne Torpey, Elizabeth Corell, Anne Thomas, Jane Hershey, Fran Kelly, Susan Moore, Jean Brown, Claudia Istel, Ann Garland, Louise Spencer, Walter Kirsch, Senate Tom Sherman (Senate District 24), Gail Laker-Phelps, Nancy Brennan, Randy Hayes, John DeJoie (National Association of Social Workers-NH Chapter), and Melissa Bernardin (NH Public Health Association).

Who opposes the bill: Elizabeth Hitchcock.

Who is neutral on the bill: Michelle Heaton (Insurance Department).

Summary of testimony presented in support:

Representative David Luneau

Merrimack County District 10

- Representative Luneau said that there is a public health crisis between substance use disorder, stress and anxiety, and health care workers at capacity.

- Rep. Luneau said that people are having a difficult time trying to find behavioral health counselors who are accepting new patients. He said that people are finding in-network providers but they are not accepting new patients.
- Rep. Luneau said that Section 1 of HB 1622-FN will help insurance carriers ensure the capacity of their networks. He said that this could easily be accomplished via the information exchange portal.
- Rep. Luneau said that Section 2 of HB 1622-FN says that the access of behavioral health care will be the same as that of a physical illness.
- Rep. Luneau said that the revised fiscal notes states that there will be no fiscal impact from HB 1622-FN.
- Senator Sherman said that mental health providers are dropping commercial carrier contracts aggressively and are also closed to new patients. He asked if this changed the adequacy of a network. He also asked if HB 1622-FN would help with ensuring the carrier is achieving adequacy.
 - Rep. Luneau said that that would be a good question for the carriers and New Hampshire Insurance Department (NHID). He said that carriers need to determine if they're in compliance with network adequacy requirements and that they can easily collect necessary information.

Anena Hansen

- Ms. Hansen spoke about her late partner, former State Representative Phil Spagnuolo. She said that he was a relentless fighter on speaking out against the stigma of addiction. She said that while he was substance free, his mental health was never effectively taken care of. She said that after he was diagnosed with cancer, he relapsed and died. She said that he told her that if he could get his anxiety and ADHD managed, then he could get his substance use disorder under control.
- Ms. Hansen said that there is no single answer but more help, more resources, more access, and more behavioral health legislation will help lead to fewer preventable deaths.

Holly Stevens

Director of Public Policy, NAMI

- Ms. Stevens said that HB 1622-FN is placed in the network adequacy laws but is also part of parity. She said that if someone can see a primary care provider within a week, then they should also be able to find a therapist who is taking new patients.
- Ms. Stevens said that NHID is conducting a market conduct analysis and has been since January of 2020. She said that although payments do not have to be equal for behavioral health, the carriers do need to provide to NHID how the payments were reached so that NHID can determine if the payments are equitable.
- Ms. Stevens said that providers would have more leverage if network adequacy was looked at.

- Ms. Stevens said that providers are leaving the commercial market for pay and processing reasons, which are difficult to deal with. She said that that is a separate issue, but it does have an impact.
- Ms. Stevens said that people are running into ghost networks, where someone calls their carriers and looks at the list of in-network providers but the providers are not accepting new patients. She said that this makes it look like the network is wide and deep, but isn't.

Jake Berry

Vice President of Policy, New Future

- Mr. Berry said that enshrining parity requirements in network adequacy requirements will help with adherence.
- Mr. Berry said that HB 1622-FN will help with access for treatment for people who need it.

Heidi Kroll

AHIP

- Ms. Kroll said that AHIP supports HB 1622-FN as amended.
- Ms. Kroll said that Section 1 of HB1622-FN benefits consumers through improved accuracy of carrier directories. She said that carriers are required under state and federal law to meet directory requirements.
- Ms. Kroll said that carriers are required to establish processes to update their directories.
- Ms. Kroll said that some contracts between carriers and providers already have provisions for a certain time frame for notification if there are changes. She said that while that mostly falls on the carriers, they need cooperation from the providers for the directories to be useful. She said that the directory is only as accurate as the information providers given to carriers.
- Ms. Kroll said that if carriers are getting timely information about providers, it will help the carriers keep a robust network if they need to add providers who are taking patients, which will feed into network adequacy.

Summary of testimony presented in opposition: None.

Neutral Information Presented:

Michelle Heaton

Health Law and Policy Legal Counsel, NHID

- Ms. Heaton said that NHID has a continued concern about adequacy. She said that HB 1622-FN will help carriers maintain accurate information.

- Senator Sherman asked if having good information will compel or inspire carriers to increase their network adequacy as a result. He asked if NHID can compel a carrier to increase their adequacy to meeting the need if they learn that a provider is not accepting new patients.
 - Ms. Heaton said that there are a number of factors that impact adequacy and there is a need for constant monitoring. Ms. Heaton said that if a carrier has a change and no longer meets the adequacy requirements, then they are obligated to start working to meeting those requirements. She said that carriers are required to contact NHID if they fall below the thresholds.
- Senator Sherman asked, if a provider informs a carrier that they are no longer taking new patients, if that is not grounds for the carrier to remove the provider from their directory.
 - Ms. Heaton said that it is not. She said that whether or not a provider is accepting new patients is one part of the director. She said that providers are required to update the carrier so that the carrier can update the directory, where someone will be able to see if a provider is accepting new patients.

cml

Date Hearing Report completed: April 18, 2022

Speakers

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Thursday April 14, 2022 **Time:** 11:30 a.m.

HB 1622- FN AN ACT relative to mental health parity.

Name/Representing (please print neatly)

✓ Holly Stevens	Support <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Jake Berry New River	Support <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ STENA HANSEN	Support <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Michelle Heaton Ins. Dept	Support <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ SP. DAVID LUNEAU PRIME SPONSOR	Support <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Thursday April 14, 2022 **Time:** 11:30 a.m.

HB 1622- FN AN ACT relative to mental health parity.

Name/Representing *(please print neatly)*

Heidi Kroll	Support <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Support <input type="checkbox"/>	Neutral <input type="checkbox"/>	Oppose <input type="checkbox"/>	Speaking? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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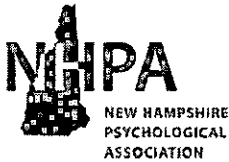
Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB1622 on 2022-04

Support: 40 Oppose: 1

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Hitchcock, Elizabeth	A Member of the Public	Myself	Oppose
Grier, Cybele	A Member of the Public	Myself	Support
Phillips, Margery	A Member of the Public	Myself	Support
Houle, Normand	A Member of the Public	Myself	Support
Matthews, Marjorie	A Member of the Public	Myself	Support
Manseau, Joline	A Member of the Public	Myself	Support
Sinclair, Jill	A Member of the Public	Myself	Support
Clyde, Terri	A Member of the Public	Myself	Support
Keeler, Margaret	A Member of the Public	Myself	Support
Fudge, Kim Marie	A Member of the Public	Myself	Support
Koch, Laurie	A Member of the Public	Myself	Support
Cahill-Yeaton, Miriam	A Member of the Public	Myself	Support
Richman, Susan	A Member of the Public	Myself	Support
Perencevich, Ruth	A Member of the Public	Myself	Support
Baucom, Pam	A Member of the Public	Myself	Support
Blais, Vanessa	A Member of the Public	Myself	Support
Pinski, Allison	A Member of the Public	Myself	Support
Jones, Andrew	A Member of the Public	Myself	Support
Wore, Gary	A Member of the Public	Myself	Support
Dahl, Dana	A Member of the Public	Myself	Support
Hackmann, Kent	A Member of the Public	Myself	Support
Martin, Patricia	A Member of the Public	Myself	Support
Lindpaintner, Lyn	A Member of the Public	Myself	Support
SKIDMORE, CLARENCE	A Member of the Public	Myself	Support
Torpey, Jeanne	A Member of the Public	Myself	Support
Corell, Elizabeth	A Member of the Public	Myself	Support
Thomas, Anne	A Member of the Public	Myself	Support
Hershey, Jane	A Member of the Public	Myself	Support
Kelly, Fran	A Member of the Public	Myself	Support
Moore, Susan	A Member of the Public	Myself	Support
Brown, Jean	A Member of the Public	Myself	Support
Istel, Claudia	A Member of the Public	Myself	Support
Garland, Ann	A Member of the Public	Myself	Support
Spencer, Louise	A Member of the Public	Myself	Support
Kirsch, Walter	A Member of the Public	Myself	Support
Sherman, Senator	An Elected Official	SD24	Support
Laker-Phelps, Gail	A Member of the Public	Myself	Support
Brennan, Nancy	A Member of the Public	Myself	Support
Hayes, Randy	A Member of the Public	Myself	Support
DeJoie, John	A Lobbyist	National Association of Social Workers-NH Chapter	Support
Bernardin, Melissa	A Lobbyist	NH Public Health Association	Support

Testimony



Dear Chairman Jeb Bradley and Members of the Senate Health and Human Services Committee,

In support of HB1622 with changes to section XVIII

My name is Dr. Julie Wolter and I am the Director of Professional Affairs and Chair of the Behavioral Healthcare Advocacy Committee of New Hampshire Psychological Association. NHPA has long advocated for improving mental health practice conditions and access to care. We annually survey providers throughout the state in various settings and published our recent report in November 2021. Thank you for the efforts regarding HB1622 to advance mental health parity in New Hampshire. While we would prefer stronger legislation that enforced all areas that were in the original bill, including transparency and parity of reimbursement, we also understand that federal parity law does not require parity of reimbursement. This is disappointing as we continue in a mental health and substance crisis with an overworked workforce and not enough licensed clinicians to meet the demand for services. This is resulting in concerning and sometimes dangerous situations where people are not getting treatment or are seeking help through methods that are not evidenced based and/or are not from licensed mental health professionals. Our survey indicates more clinicians plan on leaving insurance networks in the next two years than are planning on joining networks. Reimbursement rates continue to be the top reason that providers leave insurance networks, however administrative burdens are also another reason, which is the request we have today. We are asking for clarification for the following part:

1 Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8 by inserting after paragraph XVII the following new paragraph:

XVIII. Every contract entered into after September 1, 2022 between a health carrier and any health care provider shall contain a provision that requires the health care provider to notify the carrier when the health care provider is no longer accepting new patients. Notification shall take place no more than 30 days after the date the health care provider is no longer accepting new patients.

We appreciate the intent of this part of the legislation to remove ghost networks and to have a more accurate picture of network adequacy. However, the wording of this needs more clarity regarding what "no longer accepting new patients" means. Mental health and substance providers' availability can change quickly, even day-to-day. Some scenarios to highlight this are: 1) a patient completes treatment sooner than anticipated, 2) a patient's insurance changes and is no longer able to continue treatment, 3) a provider decides to add a patient even though the provider would not advertise that they have availability, 4) the provider may also take a leave from practice for a couple of weeks for vacation or an extended period such as a month for medical reasons.

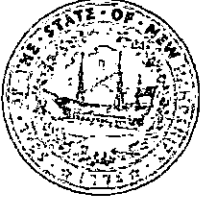
Providers do not need another administrative burden, so we would appreciate clarifying what is meant by the 30 day notice after the date the healthcare provider is no longer accepting new patients. Does it mean if the provider has decided to no longer accept patients **permanently** and is terminating the contract? Or is it referring to the provider who plans on closing his/her practice? Or is it meant for those times when providers are telling patients that they do not have any openings/availability, but that availability may change in a month or less?

We support HB1622 if it could clarify that the 30 day notification request is for providers who are permanently no longer accepting new patients.

Please feel free to call me at (603) 340-1167 or email at jwolterpsyd@gmail.com.

Sincerely,

Julie B. Wolter, Psy.D.
New Hampshire Psychological Association
Chair, Behavioral Healthcare Advocacy Committee
Director of Professional Affairs



**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

21 SOUTH FRUIT STREET SUITE 14
CONCORD, NEW HAMPSHIRE 03301

Christopher R. Nicolopoulos
Commissioner

David J. Bettencourt
Deputy Commissioner

Bulletin

Docket No: INS 21-102-AB

To: All Health Carriers
From: Commissioner Christopher R. Nicolopoulos, Esq. *C.R.N.*
Date: November 19, 2021
Re: Provider Directories

The purpose of this Bulletin is to remind health carriers of their obligations respecting provider directories including recent legislative changes that will be effective January 1, 2022.

All insurers offering or issuing policies of health and dental insurance in New Hampshire that include a provider network with differential payment or coverage associated with use of an in-network provider must comply with N.H. Code of Admin. R. PART Ins 2701.12 (Provider Directories). Insurers are required to maintain for each plan a current and accurate electronic provider directory that is accessible to the general public.¹ The electronic directory must include a description of criteria used by the insurer to build the network in plain language for each plan.²

The provider directory must include in a searchable format the following information for health care professionals: name; gender; participating office location(s); specialty, if applicable; medical group affiliations, if applicable; facility affiliations, if applicable; participating facility affiliations, if applicable; languages spoken other than English, if applicable; and whether the provider is accepting new patients.³ The provider's contact information, board certifications, and whether clinical staff speak a language other than English must also be included in the directory.⁴

With respect to hospitals, the provider directory must include in a searchable format the following information: name; type of hospital; location; and accreditation status.⁵ For facilities other than hospitals, the provider directory must include in a searchable format the facilities name, type of facility, services

¹ Ins 2701.12 (a)(1).

² Ins 2701.12(a)(4).

³ Ins 2701.12 (b)(1).

⁴ Ins 2701.12 (c)(1).

⁵ Ins 2701.12 (b)(2).

performed at the facility and the location.⁶ The directory must also list the telephone number of the hospital or facility.⁷

If a plan has tiers or only covers specific services of an in-network provider, the insurer must include in the directory, in plain language, the criteria used to tier providers.⁸ The provider directory must clearly indicate what tier or level each provider, hospital or facility is placed.⁹ If a provider is only in-network for specific services, those services must be listed.¹⁰

A printed directory must include a disclosure that the information was correct as of the date it was printed and include the print date.¹¹ Individuals must be directed to consult the insurer's electronic directory or call the customer service number to obtain current provider directory information.¹²

Insurers are required to update their provider directories at least monthly and must periodically audit their directories for accuracy.¹³ Documentation of such audits must be retained and provided to the Department upon request.¹⁴ To notify the insurer of inaccurate information on the provider directory the provider directories must also include (1) a customer service email and telephone number or (2) an electronic link.¹⁵

The Consolidated Appropriations Act, 2021 ("CAA") places additional requirements on provider directories beginning January 1, 2022. The CAA requires insurers to establish (1) processes to periodically verify and update the provider directory information, (2) procedures for the removal of information from the directory that the insurer has been unable to verify and (3) processes to update the directory within 2 business days of receiving information.¹⁶ The insurer must also establish a response protocol to respond as soon as possible and no later than 1 business day to requests for information received by telephone or other electric means from an enrolled individual.¹⁷ An insurer must cover services as in-network if an individual relied on information obtained from the provider directory or if the individual is not provided with the requested provider information within 1 business day.¹⁸

⁶ Ins 2701.12 (b)(3).

⁷ Ins 2701.12 (c)(2).

⁸ Ins 2701.12 (a)(4)(b).

⁹ Ins 2701.12 (a)(4)(c).

¹⁰ Ins 2701.12 (a)(4)(d).

¹¹ Ins 2701.12 (d).

¹² *Id.*

¹³ Ins 2701.12 (a)(2) and (3).

¹⁴ Ins 2701.12 (a)(3).

¹⁵ Ins 2701.12 (a)(6).

¹⁶ 42 USCS § 300gg-115 (a).

¹⁷ 42 USCS § 300gg-115 (a).

¹⁸ 42 USCS § 300gg-115 (b).

April 14, 2022

The Honorable Jeb Bradley, Chair
Senate Health and Human Services Committee
Legislative Office Building, Room 101
33 North State Street
Concord, NH 03301

Re: New Futures Support for HB 1622-FN (relative to mental health parity),

Dear Senator Bradley and Honorable Members of the Committee,

New Futures appreciates the opportunity to testify in support of HB 1622, relative to mental health parity. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, service providers and families afflicted by substance misuse and mental illness to prevent, address and reduce behavioral health issues in our state.

New Futures is not taking a position on the first provision of HB 1622, which would require health care providers to notify insurance carriers when they are no longer taking new patients. But, we stand strongly in support of the bill's second provision as it aims to further ensure access to critical mental health and substance use treatment services for individuals and families across the Granite State.

Enacted in 2008, the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (Parity Law) requires health insurance carriers to achieve parity between benefits for mental health and substance use disorders and medical and surgical benefits, including coverage amounts, number of visits and other conditions. Still, nearly 15 years after the federal Parity Law went into effect, New Hampshire remains caught in ongoing mental health and addiction crises, and many individuals struggle to access the treatment they need.

As proposed, HB 1622 would strengthen the state's enforcement efforts by including parity requirements in New Hampshire's network adequacy laws. As you know, the network adequacy provisions outlined in RSA 420-J:7 empowers the Department of Health and Human Services to adopt rules relating to wait times, provider choice, hours of operation and geographic accessibility, among other areas, to ensure consumer access to health services "without unreasonable delay." By including parity requirements in this network adequacy law, HB 1622 will further reinforce the need for insurers, through their networks, to provide equal access to mental health and substance use treatment as physical health care. This will help not only to reinforce New Hampshire's current response to the ongoing addiction and mental health epidemics, but will help ensure that our state maintains a robust treatment network capable of addressing future public health crises as they emerge.

For these reasons, New Futures respectfully requests that the Committee recommend this bill Ought to Pass. Please do not hesitate to contact me if you have questions or need additional information.

Respectfully submitted,



Jake Berry
Vice President of Policy
New Futures



New Hampshire

April 14, 2022

Honorable Chairman Jeb Bradley
Senate Health and Human Services Committee
Legislative Office Building Room 101
North Main St., Concord, NH 03301
RE: NAMI NH Support for HB 1622

Dear Chair and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in favor of HB 1622, relative to mental health parity.

Under the Mental Health Parity Addiction Equity Act of 2008 (MHPAEA), health insurance carriers must ensure there is parity between mental health/substance use disorder (MH/SUD) and medical/surgical (M/S) benefits, including coverage amounts, number of visits, utilization management techniques, and other quantitative and non-quantitative treatment limits. Last year, the Consolidated Appropriations Act became law, requiring all health plans and issuers that cover MH/SUD and M/S benefits to prepare a comparative analysis of any nonquantitative treatment limits. Beginning in February 2021, plans were required to supply that analysis and other information, if requested, to the regulating agency.

By way of background, in January 2020, the New Hampshire Insurance Department (NHID) released reports of a market conduct exam targeting parity compliance among New Hampshire's commercial fully insured health insurance plans. The NHID found issues with Anthem and Harvard Pilgrim's reimbursement rates for mental health and substance use disorder practitioners, mainly that they were lower than health care practitioners. The NHID went on to say that the "large difference constitutes a strong indicator of potential non-compliance with the non-quantitative treatment limitation ("NQTL") requirements of MHPAEA with respect to MH/SUD provider reimbursement practices." The NHID further found that neither company adequately documented the processes, strategies, evidentiary standards or other factors it used to set reimbursement rates or otherwise provide sufficient information to demonstrate that Harvard Pilgrim and Anthem apply these standards comparably to MH/SUD and M/S reimbursement and not more stringently to MH/SUD providers than to M/S providers. As a result, the NHID entered into settlement agreements with both Harvard Pilgrim and Anthem. To date, the NHID has not publicly shared any information, including compliance information regarding either settlement agreement.

It is well known that New Hampshire is in a current mental health and substance use disorder crisis. Part of this is due to a provider shortage. There are simply not enough mental health

Reflecting on 40 Years: Continuing Our Journey to Hope, Help, and Health

NAMI New Hampshire • 85 North State Street • Concord, NH 03301

InfoLine: 800-242-6264 • Tel. 603-225-5359 • Fax 603-228-8848 • info@naminh.org / www.NAMINH.org

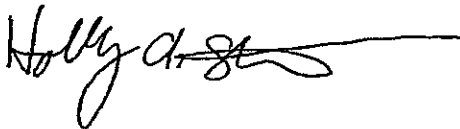
providers to suffice the current need in our state. A lack of parity, in the form of lower reimbursement rates, denials of claims and administrative burdens placed on providers of mental health services, has been a significant contributing factor on workforce shortages for community mental health centers and other mental health and substance misuse treatment providers. Further compounding this issue, is the number of mental health providers who have opted not to take any commercial insurance or are selective about which plans they will contract with. Many of these decisions are due to low reimbursement rates and time-consuming treatment authorization and claims procedures.

Another issue that NAMI NH has become familiar with by talking to people with mental illness and their families is that of "ghost networks." Insurance companies provide their members with a list containing the names of many therapists. The member will start making calls to set up an appointment only to find that no one on the list is accepting new patients. The insurers may be meeting network adequacy by having contracts with mental health providers, but if none of those providers are accepting new patients, there is no network, adequate or otherwise. This has led to an access and network adequacy issue that is able to largely go unnoticed by New Hampshire regulators.

HB 1622, as amended by the House, directly addresses the network adequacy issue, which would, in turn, help to address the access to services issue. A requirement to maintain adequate networks can assist with increasing reimbursement rates since providers would be in a better position to negotiate reimbursement rates.

In sum, the 2020 NHID market conduct exam report uncovered potential issues with reimbursement rates for mental health providers which may run afoul of the MHPAEA. Although the NHID entered into settlement agreements with two insurers as a result, there has been no public follow up to demonstrate that these issues no longer exist. For these reasons, NAMI NH urges the committee vote to recommend ought to pass for HB 1622, as addressing network adequacy will assist in addressing reimbursement rate issues which will further address access issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 1622

Hearing date: 4-14-22

Executive Session date: 4-14-22

Motion of: OTP Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: Consent Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Bradley

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, April 14, 2022

THE COMMITTEE ON Health and Human Services

to which was referred **HB 1622-FN**

AN ACT

relative to mental health parity.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator Jeb Bradley
For the Committee

HB 1622, as amended by the House, requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients. The bill also requires coverage for biologically-based mental illness to meet the access standards in RSA 420-J:7. Granite Staters seeking out mental health care are frequently running into "ghost networks" – when a carrier provides a directory of in-network providers but none are accepting new patients – which are having a significant impact on their ability to actually receive the care that they need. HB 1622 will allow the Insurance Department to take steps to ensure people seeking care are actually able to find it.

Cameron Lapine 271-2104

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

HB 1622-FN, relative to mental health parity.

Ought to Pass, Vote 5-0.

Senator Jeb Bradley for the committee.

HB 1622, as amended by the House, requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients. The bill also requires coverage for biologically-based mental illness to meet the access standards in RSA 420-J:7. Granite Staters seeking out mental health care are frequently running into "ghost networks" – when a carrier provides a directory of in-network providers but none are accepting new patients – which are having a significant impact on their ability to actually receive the care that they need. HB 1622 will allow the Insurance Department to take steps to ensure people seeking care are actually able to find it.

General Court of New Hampshire - Bill Status System

Docket of HB1622

Docket Abbreviations

Bill Title: (New Title) relative to notice that a health care provider is no longer accepting new patients and relative to mental health parity.

Official Docket of HB1622.:

Date	Body	Description
12/22/2021	H	Introduced 01/05/2022 and referred to Commerce and Consumer Affairs
1/13/2022	H	Public Hearing: 01/19/2022 02:45 pm LOB 302-304
1/19/2022	H	Subcommittee Work Session: 01/26/2022 09:45 am LOB 302-304
2/2/2022	H	Executive Session: 02/02/2022 1:15 p.m. LOB302-304
1/27/2022	H	Subcommittee Work Session: 02/02/2022 09:00 am LOB 302-304
2/8/2022	H	Committee Report: Ought to Pass with Amendment #2022-0450h (NT) (Vote 19-0; CC)
2/24/2022	H	Amendment #2022-0450h: AA VV 02/16/2022 HJ 3
2/16/2022	H	Ought to Pass with Amendment 2022-0450h: MA VV 02/16/2022 HJ 3
2/16/2022	H	Referred to Finance 02/16/2022 HJ 3
3/9/2022	H	Executive Session: 03/23/2022 10:00 am LOB 210-211
3/11/2022	H	Division III Work Session: 03/14/2022 01:00 pm LOB 210-211
3/18/2022	H	==CONTINUED== Division III Work Session: 03/21/2022 10:00 am LOB 201-203
3/24/2022	H	Committee Report: Ought to Pass (Vote 21-0; CC)
3/31/2022	H	Ought to Pass: MA VV 03/31/2022 HJ 9
4/5/2022	S	Introduced 03/31/2022 and Referred to Health and Human Services; SJ 8
4/7/2022	S	Hearing: 04/14/2022, Room Reps Hall, SH, 11:30 am; SC 15
4/14/2022	S	Committee Report: Ought to Pass, 04/21/2022; Vote 5-0; CC; SC 16
4/21/2022	S	Ought to Pass: MA, VV; OT3rdg; 04/21/2022; SJ 9
5/13/2022	S	Enrolled Adopted, VV, (In recess 05/12/2022); SJ 13
5/13/2022	H	Enrolled (in recess of) 05/12/2022
5/24/2022	H	Signed by Governor Sununu 05/20/2022; Chapter 84; Eff. 01/01/2023

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 1677-FN

Senate Committee: HH5

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

☒ Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

☒ Bill version as it came to the committee

☒ All Calendar Notices

☒ Hearing Sign-up sheet(s)

☒ Prepared testimony, presentations, & other submissions handed in at the public hearing

☒ Hearing Report

☐ Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

____ - amendment # _____ ____ - amendment # _____

____ - amendment # _____ ____ - amendment # _____

☒ Executive Session Sheet

☒ Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

____ - amendment # _____ ____ - amendment # _____

____ - amendment # _____ ____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

____ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

____ Enrolled Bill Amendment(s)

____ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

____ as amended by the senate

____ as amended by the house

☒ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Zepine
Committee Aide

6-21-22
Date

Senate Clerk's Office X