

HB 62-FN - AS INTRODUCED

2021 SESSION

21-0010

10/05

HOUSE BILL **62-FN**

AN ACT relative to continued in-network access to certain health care providers.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Nelson, Carr. 5; Rep. Crawford, Carr. 4; Rep. MacDonald, Carr. 6; Rep. Weston, Graf. 8; Sen. Rosenwald, Dist 13; Sen. Bradley, Dist 3

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill requires access by a covered person to a provider in the insurer's provider directory at in-network rates for the duration of the contract for health care services.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to continued in-network access to certain health care providers.

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

1 1 Managed Care; Continued Access. Amend RSA 420-J:7-d to read as follows:

2 420-J:7-d Continued Access to Care Subsequent to a Provider Contract Termination.

3 **I.** The commissioner may extend the period of continued access to care subsequent to a
4 provider contract termination provided for under RSA 420-J:8, XI for up to an additional 60-day
5 period.

6 **II.** *When an insurer's provider directory includes a provider as a participating*
7 *provider for a network at such time as a prospective covered person selects his or her*
8 *health benefit plan, such insurer shall cover the provider charges at in-network rates for*
9 *the duration of the contract period for such covered person, regardless of whether such*
10 *provider remains a participating provider in the insurer's network, and shall ensure that*
11 *the covered person shall not be responsible for more than the amount for which he or she*
12 *would have been responsible had the services been delivered by an in-network provider*
13 *under the network managed care plan.*

14 **III.** *Paragraph II shall not apply if the provider:*

15 (a) *Becomes out-of-network due to suspension, expiration, or revocation of the*
16 *provider's license; or*

17 (b) *Unilaterally terminates participation in the insurer's network for reasons*
18 *other than default or breach by the insurer of a contract with the provider for the provision*
19 *of health care services.*

20 2 Effective Date. This act shall take effect January 1, 2022.

**HB 62-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to continued in-network access to certain health care providers.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2021	FY 2022	FY 2023	FY 2024
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	Indeterminable	Indeterminable	Indeterminable
Expenditures	\$0	\$0	\$0	\$0
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill requires access by a covered person to a provider in the insurer's provider directory at in-network rates for the duration of the contract for health care services.

The Insurance Department indicates this bill would require insurers to provide coverage for out-of-network providers, who were in-network providers at the time the covered person enrolled, at in-network rates for the duration of the covered person's contract. With limited exceptions, the insurer would ensure that the covered person's out of pocket liability not exceed the amount the person would have been responsible for if the provider had remained in-network. The Department assumes the bill would only impact the covered person's out-of-pocket liability and the bill would not force providers to accept reimbursement at previously negotiated rates from when the provider was in-network. The Department indicates the bill would cause inflationary pressure on claims as more claims would be considered allowed, when such claims wouldn't have been covered for a person seeking services from an out-of-network provider. The Department assumes the cost for service would be greater for the new out-of-network provider resulting in inflationary pressure on the amount paid. Inflationary pressures on claim costs may result in increased premium rates or benefit re-designs. Purchasers may respond by either paying the

increased rates or by buying down. These effects may have a small impact on premium tax revenue collected by the State.

The Department of Health and Human Services indicates this bill would apply to commercial carriers and not to the Medicaid program and would not impact State Medicaid expenditures.

To the extent political subdivisions purchase health insurance through a managed care insurance plan, there may be an impact on county and local expenditures.

AGENCIES CONTACTED:

Departments of Insurance and Health and Human Services