

HB 1044

Relative to direct payment and membership-based health care facilities. This bill exempts facilities operating with membership-based or direct payment business models from certain special licensing provisions.

HB 488

Establishing a committee to study the benefits of allowing New Hampshire citizens to purchase health insurance from out-of-state companies. This bill establishes a committee to study the benefits of allowing New Hampshire citizens to purchase health insurance from out-of-state companies.

HB 191

Relative to prior authorizations and patient transfers under managed care group health insurance policies. This bill adds requirements for prior authorizations under managed care health benefit plans and the administration of patient transfers to another health care facility.

SB 160

Every health benefit plan offered by any bona fide pathway II association, whether offering coverage on a self-funded basis or fully insured basis, and any insurer contracting with an offering association, shall comply with the following: Except as otherwise specifically provided herein, all requirements of RSA 420-G, including claims data and other reporting requirements; Requirements contained in RSA 420-J, and any rules adopted thereunder by the commissioner including, but not limited to, network adequacy, balance billing protections, and appeal and grievance processes.

HB 1580

This bill establishes the licensure of pharmacy benefits managers.

SB 285

This bill modifies registration requirements for discount medical plan organizations. This bill is a request of the insurance department.

SB 287

AN ACT relative to balance billing for certain health care services. This bill modifies insurance coverage to reflect changes in federal law and clarifies coverage related to emergency services.

SB 320

AN ACT relative to health care provider contract standards. This bill modifies provider contract standards for purposes of the managed care law.

SB 286

This bill requires the insurance commissioner to establish a pilot program for association health plans. No later than January 1, 2023, the commissioner shall develop and implement a pilot program for the establishment of association health plans (AHP). Membership in an AHP may be based on profession, line of business, or geographic region, and shall be open to any eligible person regardless of age or health history or status.

SB 382

Relative to licensure requirements for telehealth services. This bill clarifies licensure requirements for healthcare professionals providing services by means of telemedicine or telehealth.